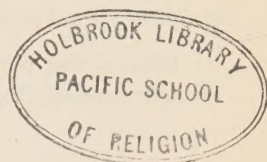


Silver Anniversary Issue

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INTRODUCTION

IN this issue, we are presenting papers which will illumine the past, present, and future of clinical pastoral training. Their scope is sufficiently comprehensive so that all those interested in counseling, pastoral work (both in individual and group applications), the training of theological students, and the further development of the pastor himself can find food for thought in these fields. In order to do this, we have been forced to omit our usual departments of Editorials, Book Reviews, and Notes and Comments. These will reappear in the Summer issue.

The material for this issue was drawn largely, but not entirely, from the proceedings of the *Silver Anniversary Conference of Clinical Pastoral Training*, held in Chicago in October, 1950. The organization of the issue is in the natural sequence suggested by the material.

It is appropriate that we should begin *Section I* with a biographical sketch of the founder of the clinical training movement. Then we see its conception through the impassioned and prophetic eyes of Dr. Boisen himself in the days when he was one of a small number who saw through crying need to future accomplishments. We have used Dr. Boisen's warm reminiscent remarks at the Chicago Conference for the next article, and felt impelled also to present him in his forward-looking posture through a thought-provoking program for interprofessional cooperation.

Section II deals with training, and its implications for pastoral work are many. We first read a report on a student as submitted by a supervisor. One such student helps us relive the experience with him. Another supervisor then gives us insight into the group dynamics invaluable in teaching and church work.

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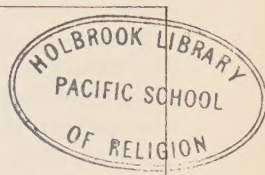
Section III analyzes training and counseling from different frames of reference: professorial, theological, administrative, and psychiatric. The *envoi* is provided by our Editor-in-Chief, who reappraises the goals of clinical pastoral training.

It is on that note we close, and hope that this issue stimulates further thought (and writing!) on the part of our readers.

J. R. B.

I. The Man and The Movement

FATHER OF THE CLINICAL PASTORAL MOVEMENT



FRED EASTMAN

*Professor of Biography and Drama,
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RUSSELL DICKS has asked me to tell briefly the story of the origin of one of the most heartening ventures on the frontiers of religion and something about the man—Anton T. Boisen—who started it. The frontier is the one where pastors are trying to minister to the sick and troubled, not only in private homes but also in hospitals, prisons, infirmaries, and reform schools. I knew the pioneers in this venture when they blazed their first trails.

Forty years ago a pastor received little or no training for such a ministry. If he was a consecrated Christian with a good schooling in Bible theology, church history, and the rudiments of pastoral care for normal persons, it was thought he needed nothing more than what he would learn on his visits in the homes of his parishioners. But with the increasing complexities of modern life—the stress on nerves and hearts due to wars and depressions and the general depersonalizing of individual life—human beings in great numbers have broken under the strain. They have need of ministers specially trained in understanding the psychological factors that wreck mind and nerves and character.

One of the first to realize this need was Richard C. Cabot, a noted physician and author who also taught in Harvard Divinity School. He had introduced the case method into medical education and had a large share in the inauguration of hospital social work. In 1925 Dr. Cabot published an article in the *Survey Graphic* in which he proposed that something radical be done about this need for better prepared pastors. He suggested that every student for the ministry be given a kind of clinical training for his pastoral work similar to the clinical training a medical student receives during his internship.

Behind Dr. Cabot's proposal lay not only his medical experience but his acquaintance with the work already begun by Anton T. Boisen, a middle-aged minister who had come through a serious nervous breakdown that

had confined him for several months in a mental hospital. Boisen had a unique cultural background. His ancestral family tree was heavy with college teachers and presidents. He had graduated from Indiana University, Yale Forestry School, and Union Theological Seminary. He had received a Master's Degree from Harvard University. He had been a sociological investigator for the Presbyterian Department of County Church Work, had spent five years in the rural pastorate, and had made extensive surveys for the Interchurch World Movement. The collapse of that movement brought to a sudden end this sociological work and precipitated a nervous breakdown.

Being a genuine scholar, he studied his own case and those of his fellow patients; and upon his release from the hospital he enrolled in Harvard University to study further the problem that had confronted him. There he found a group of men admirably suited to guide his thinking—Richard Cabot, Macfie Campbell, William McDougall and Elwood Worcester—all deeply interested in the vagaries of the mind. With their help he prepared himself for a ministry to the mentally ill and, at the same time, for further researches which would be foundational for the more effective training of future ministers.

To have a great goal is one thing; to realize it is quite another. The difficulties he faced were staggering, chief among them the lack of financial resources. On the other hand, he had no family responsibilities.

The first step came when William A. Bryan, superintendent of Worcester State Hospital with its 2200 mental patients, offered the Protestant chaplaincy of that hospital. Boisen accepted and soon demonstrated that a chaplain giving full time to an intelligent, day-in-and-day-out ministry to mental patients individually and in groups was far more effective than the plan in most hospitals: simply having pastors of local churches come in on Sundays to conduct a worship service.

Next, in June 1925, came the introduction of theological students. There were four that summer, one each from Harvard, Boston, Union, and Chicago. There were four also in 1926. In 1927 there were seven, in 1928 eleven, in 1929 fifteen. These students worked on the wards, at first ten hours a day, then part time only. They wrote letters for patients. They also conducted recreational programs—baseball, play festivals, group singing, checker tournaments. They took walks with patients around the grounds. They made records of their observations. They read up on psychiatry, psychology, and religion. They attended psychiatric staff meetings and had special conferences with Boisen and the medical staff. Through it all they made friends with the patients and with each other.

The financing of this work constituted one of Boisen's major problems. The hospital could pay his modest salary and a limited amount for attendants' wages. It also provided room and board for the students. Other expenses had to be met from outside sources.

Obviously Boisen needed the support of an organization that would help on this financing and enlist the co-operation of theological seminaries, doctors, and ministers. One of his early students, Philip Guiles, who had become so convinced of the value of the training that he had stayed on with it, volunteered to help secure funds. Fortunately, his own father-in-law, having previously manifested his interest, agreed to make a substantial contribution provided those who had been foremost among Boisen's helpers and advisers would form a corporate body to finance and otherwise promote the work. They agreed.

On January 21, 1930, Richard Cabot, Henry Wise Hobson (now Episcopal Bishop of Southern Ohio), Samuel Eliot of the Arlington Street Unitarian Church of Boston, William A. Healy of the Judge Baker Foundation, and Ashely Day Leavitt of the Harvard Congregational Church of Brookline met in the study of Dr. Eliot, adopted a constitution and by-laws, and signed the incorporation papers for The Council for Clinical Training of Theological Students. Philip Guiles was made the executive secretary and Helen Flanders Dunbar, of the 1925 group, the medical director.

An important fact needs stressing at this point. The founders made it clear to every student that he must not think of himself as under training to become a psychoanalyst or a psychiatrist. That would take years of specialized graduate work in the proper institutions. The Council aimed only at bringing the minister-to-be face to face with human misery in various institutions and there, under competent supervision, to accomplish three things:

"1. To open his eyes to the real problems of men and women and to develop in him methods of observation which will make him competent as an instigator of the forces with which religion has to do and of the laws which govern these forces;

"2. To train him in the art of helping people out of trouble and enabling them to find spiritual health;

"3. To bring about a greater degree of mutual understanding among the professional groups which are concerned with the personal problems of men."

Underlying these aims and the whole undertaking were three assumptions which Anton Boisen stated:

"1. That the living human documents are the primary sources for any intelligent attempt to understand human nature;

"2. That the study of human ills in their terminal stages is a most important means of enabling us to grapple with them in their more complex incipient stages.

"3. That service and understanding go hand in hand. Without true understanding it is impossible to render effective service in that which concerns the spiritual life, and only to those who come with the motive of service will the doors open into the sanctuaries of life."

While the founders agreed upon these major objectives, they differed on others. Cabot thought that the main emphasis upon the training of the students should be placed upon developing ability and skill in dealing with persons afflicted with bodily troubles—the ill or dying, the blind or deaf, the otherwise disabled. He, therefore, preferred to see most students trained in general hospitals.

Boisen, on the other hand, was chiefly concerned with mental hospitals where the students would come in contact with types of mental illness in which patients were breaking or had broken under the strain of moral or spiritual crises. In such cases, he held, they could see the problem of sin and salvation in flesh and blood. He had—and still has—the conviction that a minister in his parish is dealing all the time with the problem of mental health and that he meets a large number of persons in the incipient stages of mental trouble; he should therefore be trained to recognize them and help the troubled person in his struggle for mental health.

Both points of view—Dr. Cabot's and Mr. Boisen's—had validity, and the students were given their choice as to which kind of training they preferred. Some of them chose both and put in the extra time required.

The State Hospital at Elgin, Illinois, caring for 3600 mental patients, called Boisen to become its chaplain. He had been offering courses on religion and mental health at the Chicago Theological Seminary for some years. He could continue these and make the Elgin Hospital not only a training center for the Council but a basis for fundamental research, a laboratory where theological students could discover fresh insights which would bear upon their work as students and as ministers. So he accepted the call and served both institutions until his retirement. And in his retirement he continues his researches. Out of them have come his great book, *The Exploration of the Inner World* (1937), his manual for pastors, *Problems in Religion and Life* (Abingdon-Cokesbury Press, 1946), his service book for hospitals, *Hymns of Hope and Courage* (1930). Just now he is completing another book.

Meanwhile the movement for the clinical training of theological students has grown steadily. There are now some thirty training centers where 140 theological students from twenty-five seminaries work for periods ranging from five weeks to twelve months preparing themselves for more adequate service as pastors of churches and as specialized workers in hospitals and reformatories. More than 2,500 students have availed themselves of the opportunities to study in these centers.

Boisen has thus spearheaded the way to a field of far-reaching importance. His constant emphasis upon the firsthand study of persons in difficulty has brought forth published works of real significance by those who have been associated with him. These include such contributions as Flanders Dunbar's *Emotions and Bodily Changes* (Columbia University Press, 1935), *Psychosomatic Diagnosis* (Harper & Bros., 1943), and *Mind and*

Body (Random House, 1947); Russell Dicks' *Art of Ministering to the Sick* (Macmillan Co., 1936), which he wrote in collaboration with Dr. Cabot, his *Pastoral Work and Personal Counseling* (Macmillan Co., 1949), and *My Faith Looks Up* (Westminster Press, 1950) and his monthly department in *THE PASTOR*; Carroll Wise's *Religion in Illness and Health* (Harper & Bros., 1942) and Seward Hiltner's *Religion and Health* (Macmillan Co., 1943) and his newest book, *Pastoral Counseling* (Abington-Cokesbury Press, 1949).

Many of his former students now hold positions of strategic importance. For example, Donald Beatty is in charge of the training of chaplains for the Veterans' Administration; Wayne Hunter is associate director of the Chaplains' Training School at Carlisle Barracks, Pa.; Harold Hildreth is chief psychologist for the Veterans' Administration; Fred Kuether is executive secretary of the Council for Clinical Training; Seward Hiltner for the past twelve years has been Secretary of the Federal Council of Churches' Commission on Religion and Mental Health and is now leaving that position to join the Federated Theological Faculty of the University of Chicago.

But the vast majority of the students have remained in the pastorate, as Boisen and the Council intended from the beginning. The grateful testimonies of these pastors cheer the Council leaders when the going gets tough. And they warm the heart of their spiritual godfather who started this great adventure. Here is but one sample:

"I have found my clinical training increasingly helpful in understanding the reactions of the people to whom I seek to minister. Instead of becoming discouraged, I realize that there is something troubling them, of which they may not be fully aware, but which forces them to act as they do. Sometimes, because of my training I can help them to discover what it is, and to help correct it. I minister to their needs with a sympathy and understanding that I would not have had without my training."

THE CHALLENGE TO OUR SEMINARIES

ANTON T. BOISEN

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Research Associate, Department of Social Ethics,
Chicago Theological Seminary.*

As a chaplain in a hospital for mental disorders and as research worker in a theological seminary, I have been much interested in the articles by Justin Wroe Nixon on "Theological Education at the Crossroads," and that by Richard C. Cabot on a "Clinical Year for Theological Students," so ably reviewed by Mr. Eastman in *Christian Work*. These articles call attention to what seems to me the great weakness in present-day theological education and point the way to the line of developments next in order. If I have any criticism it would be that they do not go far enough. Dr. Cabot thus stops short of the crucially important proposition that in mental disorders we are dealing with a problem which is essentially spiritual. He counts himself among the large group of physicians who look upon mental disorders as due to physiological causes. If with the new and rapidly growing group of psychiatrists—among whom in this country Dr. Adolph Meyer, Dr. Macfie Campbell, Dr. W. A. White, and Dr. Thomas W. Salmon are leaders—he accepted the "psychogenic" explanation he would recognize in the field of mental disorders a problem of even greater significance to the theologian. It should be just as important for a religious worker to spend a "clinical year" in such a hospital as ours as it is for a physician to serve his time in a general hospital before he goes out into general practice.

In support of this assertion let me point out that at least two-thirds of the cases which come each year to our hospital are without discoverable physical explanation. Neither are they to be explained in terms of intelligence or reason. As measured by the intelligence tests, of which we hear so much today, our patients will average just about as high as the people outside. The difficulty is rather one of attitude and belief, and is rooted in a sense of personal failure. It is important to bear in mind that in a large proportion of our cases religious ideas figure prominently. At a staff meeting in almost any hospital for mental disorders one will hear about as many religious terms as he will at a gathering of ministers. One of the very common questions which is asked of a patient is, "Have you ever heard God talking to you?" If the patient answers "yes," the presumption is that he is

hallucinated and therefore committable. Those psychiatrists who accept the "psychogenic" interpretation of the functional mental disorders find the explanation in a conflict of wishes or desires. Such an explanation is by no means new. It was expressed a great many years ago by the Apostle Paul, who found "a law in his members" which warred against the law that he had accepted as his own and who proclaimed the good news of a means of escape from the situation. It is however new to have such a conflict thus recognized as the explanation of mental disorders.

It would follow, then, that functional mental disorders and religious conversion experience may have a relationship which is at once very close and very far apart. They may each be solutions of a common situation, a conflict within the personality. But one is a happy solution and the other an unhappy solution or else no solution at all, but a condition of unstable equilibrium with the issue still in the balance. If this be true, then it follows that we can understand the one only in the light of the other, that mental disorders concern the religious quite as much as they do the medical worker, and that religious experiences are quite likely to have pathological elements.

But of any such possibility the Church is utterly oblivious. She takes no interest in cases of pronounced mental disorder. While she is active in caring for the sick and, according to the Interchurch Survey of 1919, 381 hospitals are supported and are controlled by the Protestant churches of America, only three of these hospitals, so far as I have been able to discover, are especially concerned with the problem of mental disorders, and even in these three the approach is almost wholly medical. The large and rapidly increasing group of sufferers from mental disorders, aggregating more than a quarter of a million inmates of institutions, are therefore cared for almost entirely in our state hospitals for the insane. Here they are left practically without Protestant religious ministrations. We have therefore this truly remarkable situation—a Church which has always been interested in the care of the sick, confining her efforts to the types of cases in which religion has least concern and least to contribute, while in those types in which it is impossible to tell where the domain of the medical worker leaves off and that of the religious worker begins, there the Church is doing nothing.

Nor is that all. The Church's efforts to deal with those conflicts which make for mental disorder, and to do so before they reach the advanced stages which we encounter in our hospitals for the insane, are at present without scientific basis or intelligent direction. The conservative evangelical churches are, it is true, still concerned with the problem of the sick soul. If one asks a minister of the "Fundamentalist" persuasion what he is trying to do, a question which I have asked many times in the survey work which I have done, he will usually answer, "We are trying to save souls." Their message is indeed a message of salvation. To them man is innately bad. To be saved he needs to be born anew. To carry the message of salvation they

have the revival meeting. Undoubtedly they are doing some good, for their methods are rooted in the experience of centuries. To many a sufferer the traditional message has brought a new hope and a new purpose in life which makes it worth while for him to go on living. It gives him in prayer all that suggestion and auto-suggestion can accomplish as a means of re-education, and far more besides. And it surrounds him with the fellowship of the believers. But it is treatment without diagnosis. And it has no clear idea of what salvation means, nor of what people need to be saved from. Its hell is a future affair and it has been blind to the hell which was right before its eyes.

My liberal friends, however, supply neither treatment nor diagnosis. If Billy Sunday comes to town they do not co-operate or else they co-operate with reservations and exceeding discomfort. But they have nothing to substitute for Billy Sunday's message nor for his methods. For the soul that is sick they have no gospel of salvation. They are all too ready to turn him over to the doctors and then forget about him. They are chiefly concerned in the attempt to interpret the ancient tenets in terms of modern thought, and their practical emphasis is placed upon programs of social reform and religious education. And even in the task of religious education it may be questioned whether the real dangers and the real objectives are as clearly understood as they ought to be.

For this situation in the Church at large, the theological seminaries must take their share of the blame. I am not sure but they, upon whom the task of training the Church's leaders is placed, may not be chiefly responsible for the situation. I have in recent months examined carefully the catalogs of a number of theological schools and I have discovered that most of them are still concerned chiefly with the traditional disciplines—the Scriptural languages and literature, Church history, systematic theology, the philosophy of religion, and sermon making. With few exceptions it is still possible for a student to go through the theological seminary and receive the stamp of approval without ever having studied the human personality either in health or in sickness, or the social forces that affect it.

Such are my reasons for believing that the problem of mental disorders presents a peculiar challenge to the Church. I see here a field which from our standpoint is almost unexplored and a task which promises much, not merely in the help which it may be possible to give to a very large group of sufferers, but one which promises much in the insight which it may afford into the spiritual forces with which the Church has always been primarily concerned and into the laws which govern these forces; a task which promises much, also, in the new meaning which it should give to the Church's message of salvation. When we remember that what we know today about the human body has come very largely through the study of diseased conditions, is it any wonder that a Church which has so completely ignored the problem of the soul that is sick, is able to speak with so little authority concerning the laws of the spiritual world or even to prove that

there is such a thing as the soul at all?

And such, also, are my reasons for approving of the suggestion of a clinical year for theological students. In fact I have for more than a year been trying to recruit theological students to serve as attendants in our hospital because of my profound belief in the importance of confronting them with the problem with which we are dealing. For we have here a problem which must be studied from real life and not from books. It is, moreover, absolutely essential to have the co-operation of medical men, for here the provinces of religious and medical workers overlap, and the medical worker is now in possession of the field. The religious worker is a mere beginner, and he must be very careful not to embark in any half-baked attempt at "soul-healing."

In addition to the clinical year I should favor some plan for encouraging high-grade research work on the part of pastors in the field, comparable to that which medical men are now doing. If we are to make progress in our understanding of this problem and in the methods of dealing with it, some of the important research work must be done by them. No inquisitive investigator dares to trespass upon the sacred domain of the individual personality, unless the individual be in captivity. But the wise pastor stands in a peculiar relationship with his people. He is admitted to their homes. He is their trusted friend and guide. They come to him often with their problems and perplexities. It should be possible for him without violation of confidence to contribute much toward the understanding of the problem. The ordinary parish may thus become the laboratory of the new religious psychology and the opportunity for really worthwhile study and research greatest after the young minister leaves the seminary. With the view of encouraging such research I should favor the offering of higher degrees which might be earned with a minimum requirement of a residence at the seminary and a maximum of patient, careful, thorough work in the candidate's own parish.

With the inauguration of such a program no miracle need be looked for. Results are not going to come all at once. The problem of the human personality and of the laws and forces which are concerned therein is entirely too difficult and too baffling. Neither are we to expect any radically new message. Rather are we likely to find confirmation of the old message of Jesus and of Paul and new insight into the value of the work which the Church is actually doing or which it may do.

What is involved is a thoroughgoing shift of attention and a new method of attack and then, in the end, a new authority, grounded not in tradition but in experience. Theological education of the past and of the present is entirely too much after the order of the "culture" which I once heard defined before a woman's club as "something which you get from books or from a college and bring to the people." The theological training of the future will be a continuous affair, with the parish as the laboratory, and the

person in difficulty as the main concern, and the seminary as the clearing house of information and the supervisor of methods. The attention will be shifted from the past to the present; from books to the raw material of life. Experience will no longer be fitted to the system but system to experience. History will not be neglected but the present will be our starting point. Through the study of the present we shall be able to understand the past and the past may then throw light upon the problems of the present and of the future. Studying the human personality in health and in disease, in prosperity and in disaster, seeking patiently and systematically and reverently to discover the motive forces and the machinery which are involved and to formulate the laws which govern them, we may be able to lay the foundations of a new theology. And through the co-operation of many men working together over a long period of time, the Church may once more come into its own and speak no longer as the scribes and Pharisees and interpreters of traditions but with the authority of the knowledge of the laws of the life that is eternal.

THE PERIOD OF BEGINNINGS

ANTON T. BOISEN

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ONLY after long hesitation have I acquiesced in permitting myself to be singled out as mainly responsible for something which was really a joint affair. I have, however, finally decided to take advantage of the opportunity which you have afforded me to set the record straight with reference to the contribution of friends without whom my own efforts would have come to nothing and to summarize very briefly certain convictions which have grown out of my experience with mental illness.

No consideration of the beginnings of this movement can leave Dr. Richard C. Cabot out of account. Without his powerful support the movement could hardly have got under way. He stood behind the earliest proposal, that of a research project at the Boston Psychopathic Hospital in 1923, ready, if need be, to provide financial support. It was he who found the opening at the Worcester State Hospital and it was he who in 1925 gave nation-wide publicity to the idea of a clinical year for theological students. Dr. William A. Bryan's part as superintendent of the Worcester State Hospital and that of Dr. Charles F. Read of the Elgin State Hospital, have been for me of crucial importance.

Among those whose part is less well-known I think first of all of Fred Eastman, who has been my close associate ever since we left Union Seminary in May of 1911 to undertake a joint study of rural church conditions in north-eastern Missouri. The acute disturbance which in 1920 plunged me into this new field of labor began under his eyes and in the dark days at Westboro the intelligent support which he gave me and the lengthy correspondence which he encouraged were for me all-important in finding the way through to a constructive solution. I have thus had evidence in my own experience that psychotherapy, or "counseling," is not dependent upon specialized professional training and technique, but upon interpersonal relationships of understanding and friendship on the one side and trust on the other. Fred Eastman has been for me a representative of psychotherapy at its best.

Equally important in the early development of the movement was Arthur

Remarks at the Silver Anniversary Conference of Clinical Pastoral Training, Chicago, October, 1950.

Holt. I had known him in Kansas in 1913-15, and in 1920 I had declined a tempting offer to become his associate in the Congregational Social Service Commission in order to take a church and devote myself to what I regarded as more strictly religious work. Following my release from Westboro in 1922, I saw much of him and when in 1924 he accepted the call to the Chicago Theological Seminary it was with the understanding that my undertaking at Worcester was to be an integral part of his department in the Seminary. In all my experience I have never known a more intelligent listener or one who equalled him in the capacity to stimulate and guide others in different fields of creative work and to help them co-ordinate their findings and view them in their larger perspectives. To him the clinical training movement in its period of beginnings owes an enormous debt; also to the Chicago Theological Seminary, which through him took the Worcester project and later the Elgin project under its wing.

Mention should also be made of Norman Nash, my associate in World War I, and of the Episcopal Theological Seminary where he taught, for enabling me to spend two and a half years at Harvard in the study of the problem with which I had been so dramatically confronted. That period of study has been of decisive importance in any contribution which I have been able to make.

Not least among those to whom the movement was indebted in its early years are the students who responded to its call and contributed in all sorts of ways to the welfare of the institutions where they served. They worked on the wards, they took patients out for hikes, they directed intramural softball, they organized and led patients' choirs and they published mimeographed news-sheets. And at the same time they won the respect of the medical men through their intelligent observations and case studies of the patients to whom they ministered. Among these students are some who have given their lives to the cause. The first of these was Aleck Dodd, who in 1927 entered upon a two year training period at Worcester and who now comes as close as any one I know to being a true physician of souls. Another is Don Beatty, now associate chief of chaplains for the Veterans Administration, who came to Worcester in 1927 and has since given this movement fifteen years of his vigorous life. Don Beatty could do more things well than any student we have had, except perhaps Frank McPeck, and I have often wondered where we would now be if we had not had his invaluable help. Another to whom we are especially indebted is Phil Guiles, now of Andover-Newton, who came to Worcester in 1928 and threw himself vigorously into the undertaking. It was he who was responsible for the organization of the Council in 1930. As its first executive secretary he extended its operations to general hospitals and penal institutions. He was himself, at Massachusetts General, the first of our group to undertake religious work in a general hospital. For all these twenty-two years he has been actively engaged in clinical training. Special mention should also be made of Wayne Hunter, now associate director of the Chaplain's Training

School at Carlisle Barracks, who was the first student to make his appearance at Elgin. His capacity for making friends and his devoted work on ward and play-ground did much to set the project on its feet in the Chicago area. For the movement as a whole it was he who spear-headed the way into the Federal correctional institutions.

These are just a few of those who have had a part in the beginnings of the movement. I shall not attempt to speak of those who are now most active. The work of Fred Kuether, of Carroll Wise, of Seward Hiltner, of Russell Dicks, of Rollin Fairbanks, of Granger Westberg and of Wayne Oates is speaking for itself; and it is born in upon me ever more convincingly that this movement is indeed one of many minds and many hands.

I think I ought to point out that this undertaking was not of my own devising but the product of forces above and beyond myself. I had read no books on psychiatry and I did not even know that such a man as Sigmund Freud existed at the time I went crazy and announced that the problem of insanity was important and that I had decided to investigate it. My idea during the period of delirium was that I had broken down the walls between religion and medicine. With these ideas I seemed to have nothing to do. They came surging in with such power and were so utterly different from anything I had previously thought or dreamed that they seemed to carry authority. Instead of accepting credit for my part in this movement, the question which weighs upon me is whether I have not sometimes got in the way of developments which might and should have been.

Let me also emphasize the fact that this movement, as I have conceived of it, has no new gospel to proclaim. We are not even seeking to introduce anything new into the theological curriculum beyond a new approach to some ancient problems. We are trying, rather, to call attention back to the central task of the church, that of "saving souls," and to the central problem of theology, that of sin and salvation. *What is new is the attempt to begin with the study of living human documents rather than with books and to focus attention upon those who are grappling desperately with the issues of spiritual life and death.*

The attempt to employ the methods of science in this hitherto unexplored field is perhaps a radical departure—so far, at least, as theology is concerned—but our findings are in line with the insights of Jesus and of Paul, of Augustine and of Luther. I might elaborate upon these findings at considerable length, but there is not time. Let me only present in the form of a personal creed some central convictions which have been derived from my thirty years of work in the wilderness of the lost:

1. I believe that man is born subject to human frailties and perversities. Educators may learn much from a study of the consequences of mistakes made in the early training, but it is a serious error to place all the blame for later maladjustments upon the parents. Even in the best of families and with the most enlightened training, unruly desires, derived from our animal ancestry, are likely to assert themselves. The garden of the heart, left un-

tended, is always taken over by weeds.

2. I believe that men have divine potentialities. The characteristic feature of human nature is social control through the internalization of the social norms within oneself in the form of conscience. The human being thus has the capacity for doing the right thing through inner self-direction and not through outer compulsion or blind instinct. This method of social control is a new emergence in the process of evolution and mental illness is the price we have to pay for being men and having the power of choice and the capacity for growth.

3. I believe that certain forms of mental illness, particularly those characterized by anxiety and conviction of sin, are not evils. They are instead manifestations of the power that makes for health. They are thus analogous to fever or inflammation in the body. I am, for example, very sure that the experience which plunged me into this new field of labor was mental disorder of the most profound and unmistakable variety. I am equally convinced that it was for me a problem-solving, religious experience. My efforts to follow the leads derived from my own experience and to verify or disprove them in the experience of others have convinced me that my experience was by no means unique.

4. I believe that the real evil in non-organic mental illness is not to be found in discontent with one's imperfections, even when that discontent is carried to the point of severe disturbance, but in the sense of estrangement and isolation due to the presence of instinctual claims which can neither be controlled nor acknowledged for fear of condemnation. The aim of psychotherapy is therefore not to get rid of conflict by lowering the conscience threshold but to remove the sense of alienation and enable the sufferer to feel himself restored to the fellowship of the best, thus setting him free to strive for his true objectives in life.

5. I believe that love is the paramount human need and that there is a law within which forbids us to be satisfied with any fellowship save that of the best. Religious experience is the sense of fellowship raised to its highest level and religion is thus a necessary consequence of the social nature of man. This means that religion is not to be explained in terms of relationship to parents. The reverse is rather the case. The parents are important to the young child because to a degree which is never repeated in the course of his existence, they represent that in the universe upon which he is dependent for love and for protection. From the religious standpoint the aim of education is to lead the growing individual to transfer his loyalty from the finite to the infinite and to recognize that his parents are merely imperfect representatives of a higher loyalty to which he owes unreserved allegiance. For the religious man this higher loyalty is represented by his idea of God, and that idea stands for something which is operative in the lives of all men whether they recognize it or not. Ethical norms do not stand or fall with the belief in God, but they do not exist in a vacuum. They rest upon and are functions of living relationships which are symbolized by such a belief, and they are validated by their long-run consequences in the lives of those who hold them.

COOPERATIVE INQUIRY IN RELIGION

ANTON T. BOISEN

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AMONG those who have been chiefly instrumental in founding and promoting the plan for the clinical training of theological students there has been considerable difference of opinion on matters that are important. Dr. Cabot thus rejected the psychogenic interpretation of mental illness and considered the mental hospital, where the plan was first begun, as least important among the institutions which claimed the attention of the student of religion. Others saw in mental illness a problem which is fundamentally spiritual and considered the mental hospital to be of primary importance. On one point, however, there has been complete agreement: Religious experience can and should be studied before it has gathered dust on library shelves and the living documents are the primary sources for the understanding of human nature.

The task to which this paper addresses itself is a consideration of the present status of the point of view on which the Council for Clinical Training is agreed. It seeks to answer the question, What is now being done in the matter of cooperative inquiry in the field of religious experience?

What The Journals Show

Scientists are wont to say that the story of any science is to be found in its journals rather than in its books. The journal, they say, is the vehicle of the cooperative inquiry which is of its very essence. It reports the results of research while those results are still fresh and it invites criticism and interpretation. The book, on the other hand, usually seeks to cover some entire field from a particular point of view and it may or may not contain a new contribution. Most books, in fact, are not written for the scientific worker but for a more general circle of readers.

The first fact revealed by this study is the paucity of journals in the field of religion which can lay claim to scientific standing. Books are many but journals few. In spite of the size of the professional group concerned, there are certainly not more than nine such journals published in this country. The professional group of psychiatrists, on the other hand, numbering

hardly 4,000 persons, has 13 scientific journals and these thirteen journals have in the aggregate more than twice the number of pages found in the religious journals.

The second fact is that in the journals which we do have, empirical studies of human nature are conspicuous by their absence. Thus in the *Journal of Religion* for the 14 years from 1931 to 1944 there were 283 articles. These articles were distributed as follows: theology and philosophy of religion, 113; church history, 45; New Testament, 37; comparative religion, 29; Old Testament, 13; psychology of religion, 13; sociology of religion, 11; religious education, 8; biography, 7; current issues, 7. Of these 283 articles only 8 were empirical studies of religious experience, and only five other articles made use of empirical studies by other workers. A good many of the remaining articles represented careful documentary research, but the great majority represent merely unchecked observation and reflection.

In the *Review of Religion* for its first nine years the situation is much the same. The field which it covers is somewhat more limited. Its own division of its field is primitive religion, ancient religion, Oriental religion, Judaism, historical Christianity, and general theory of religion. Nearly half of its articles would be classed under "general theory of religion" and about a third under "ancient religions" and "historical Christianity." Of its 102 articles none could be called empirical in its methodology and only two made use of empirical studies by others.

In *Religious Education* for the seven years from 1936 to 1943 there were some 200 articles. With scarcely an exception these articles dealt with contemporary Christianity. An examination of these articles showed that the overwhelming majority represented merely general observation and reflection. Many of them were indeed written by participant observers whose reflections were based upon accurate information, but there was seldom any attempt to marshal the evidence or to use quantitative methods. They were rather articles which might have been dashed off by a well-informed man on the basis of his general fund of knowledge. Not a few were symposia, involving the exchange of insight and information regarding some controversial subject, or some live current issue. Only eighteen were quantitative studies, attempts to check hypotheses by means of statistics, and only a few others were attempts to give an exact account of the present status and the historical development of some clearly defined and limited situation, group or institution.

Of the quantitative studies thirteen were based upon the use of the questionnaire, most of them of the type which calls for Yes-No answer or from

¹For the purpose of this paper the term "empirical" is used to denote the point of view under consideration—controlled observation of actual experience before it gets on library shelves.

a selection from a number of suggested answers; three others combined questionnaires with interviews and two were case studies. An examination of these articles impresses one with the peripheral, non-significant character of most of the questions asked and with the failure to relate the findings to universal principles.

Contributions of the Institute of Social and Religious Research

The Institute of Social and Religious Research which was in operation from 1921 to 1934, has to its credit some impressive contributions. Among them are the following:

Studies of Town and County Churches by Brunner and others,
Studies of City Churches by Douglass and others,
The Character Education Inquiry by Hartshorne and May,
The Education of American Ministers by Kelley and May,
The Layman's Foreign Mission Inquiry,
Interchurch Relations by Douglass,
Middletown by the Linds.

There are other studies. The list is fairly long. The Institute's studies are characterized by thorough and painstaking work and exacting standards. From the standpoint of this study the question is whether in the effort to maintain scientific standards the Institute did not confine itself to more or less objective material and avoid those problems which relate more directly to the dynamic aspects of religious experience.

LIVING DOCUMENTS AND PRINTED BOOKS

Theology

Theology may be regarded as the cooperative attempt to organize and test religious experience by scrutinizing religious beliefs and inquiring into the origin, the meaning and the consequences of these beliefs.

It is assumed in this definition that man is a social being and that religious experience is the sense of fellowship raised to the level of the universal and the abiding, together with the resulting feelings, attitudes and actions. Religion is thus concerned with a biological fact which is operative in the lives of all men whether they recognize it or not.

Under this definition theology belongs among the social sciences. It has to do with the internalization and with the modification of the socially accepted values and with the accepted hierarchy of loyalties. The question therefore arises, how far are its problems being approached through the methods of science. Our study of the journals may therefore be supplemented by an examination of some of the more important books.

From the standpoint of our problem attention is at once drawn to a

book which bears the title, *Theology as an Empirical Science*.² Examination of this book reveals, however, that the expectation evoked by the title is by no means justified. As an empirical science, according to this author, theology is concerned with the activities of God, and the scientific theologian must select from the manifold of religious experience those elements which give knowledge of God. These he finds in revelation. In his book he is chiefly concerned with the problem of religious knowledge, and nowhere does he attempt to examine the religious experience of actual men. Neither does he draw upon the studies made by other men, even in his consideration of the conversion experience. In a later book on *The Problem of Religious Knowledge* the same author does give some attention to what psychologists and psychiatrists have to say, but he soon dismisses them and holds to the thesis that there is such a thing as cognitive religious experience which is able to stand the test of practical, intellectual criticism.

Another book whose title leads to high expectations is *The Psychological Approach to Theology*.³ It is indeed an interesting and valuable attempt, but it suffers from the fact that its psychological data are not based on direct observation but are gleaned at second hand from the writings of Freud, Janet, Hadfield and others. Acquaintance with living human documents should have raised some questions in the mind of a competent student of religion regarding certain psychiatric shortsightednesses which this author accepts as authority.

Another prominent theological philosopher regards "radical empiricism" as the one valid method of getting knowledge. That term seems to mean to him something very different from the scientific principle of empiricism. His starting point is not the study of particular experiences or situations, made either by himself or by others, but rather certain common experiences and concepts. As a philosopher of religion he is concerned with that which is most worthy of devotion, that upon which man is dependent for love and for values of all sorts. His method of testing religious insights is the use of a precise and discriminating dialectic which defines clearly each term and then draws out the implications to see if the hypothesis stands up in the light of empirical reality.

Another influential theologian defines the task of modern theology as that of recapturing the human experiences out of which the classic doctrines of Christian thought arose.⁴ He does not however place much reliance upon empirical studies of present-day religious experience. Even in his consideration of mysticism he merely reflects upon mysticism in general.⁵ He does not attempt to examine the experiences of particular mystics; neither does

²Douglas C. Macintosh, Macmillan, 1927.

³By Walter Marshall Horton, Harper, 1931.

⁴E. E. Aubrey, in *J. of Religion* for 1932.

⁵"Man's Search for Himself," Cokesbury Press, 1940, pages 63-70.

he take account of the studies which others have made.

One of the most widely read of our modern books on theology is *The Nature and Destiny of Man*.⁶ The author begins with certain Christian conceptions and "seeks to relate these to the observable behavior of men." His references to empirical studies of human nature are very limited. They are seemingly determined by the need of finding support for his own views. His discussion of the problem of sin leaves one with the impression that his standpoint is not that of one who is trying sympathetically to understand the frailties and misbehavior of men, but rather that of one who looks upon them from the standpoint of the Almighty and finds in pride the greatest of all sins.

One of the most important modern books is *God and the Common Life*.⁷ This contains 34 pages of notes, whose value is, however, seriously impaired by their relegation to the back of the book according to the style so widespread in modern religious books. These notes cover a remarkably wide range. There are 40 references to philosophers, 50 to theologians, 28 to sociologists and social philosophers, 18 to psychologists, 9 to psychiatrists, 7 to physicists, 5 to biologists, 5 to astronomers, 8 to physiologists, 5 to mathematicians. In general, however, the data on which the conclusions are based have been gathered from books "twice or three times removed from the laboratories and the original papers of specialists." In dealing with the Christian doctrine of "vocation" this author starts with the historical positions of Christianity and ties into the findings of such men as Weber, Troeltsch, Tawney and others. He builds thus upon a more or less objective foundation.

These are just a few of the more important books on theology. They represent the best of modern liberal thinking relatively uninfluenced by the Neo-orthodox return to the authority of revelation. The value of these books is not in question. From the standpoint of this inquiry it is, however, a striking fact that these attempts to deal with the central problems of Christian faith make so little effort to attack these problems empirically or to utilize empirical studies by other workers.

Church History

According to Henri de Pirenne,⁸ all historical construction rests upon the postulate of the eternal identity of human nature. One cannot comprehend men's actions at all unless one assumes that their physical and moral beings have been at all periods what they are today.

If we accept this view the question at once arises, where do our church

⁶Reinhold Niebuhr, Scribners, 1941.

⁷Robert L. Calhoun, Scribners, 1935.

⁸*Methods in Social Science*, Stuart A. Rice, Editor, University of Chicago Press, 1931, page 442.

historians get their knowledge of what is and what is not constant in human nature?

A glance through the journal articles and through several books on church history reveals very little effort to grapple with this problem.

A pertinent article is one by Professor Riddle in the *Journal of Religion* for 1932. He makes a plea for more attention to the psychological factors in the study of New Testament times. He proceeds, however, to minimize the constants in human nature and to magnify the role of tradition and of "ideology." Orientals, he holds, can hardly be understood at all by the Western mind. It is important to recognize that Jesus belonged in the Oriental, Jewish world, whose religion is one of achievement, whereas Paul belonged rather to the Graeco-Roman world in which individual salvation was the major interest.

A striking example of the failure to take account of verifiable assumptions regarding human nature is to be found in an article on "Demonic Confessions of Jesus"⁹ in which the author says, "It is unnecessary here to attempt to answer the inevitable question as to the nature of demons, as to what we mean by the term, as to whether demons really exist at all." Later on he says, "But the mental content of insane or possessed persons varies from age to age and from one culture to another. Insane persons in any culture have the same ideas as normal persons in the same culture." For this statement no evidence is offered either in the shape of first-hand observation or of cited authorities. The author is clearly not aware of the fact that there is considerable evidence to the effect that psychotic ideation shows many important similarities regardless of race and regardless of culture.¹⁰

Comparative Religion

There is much emphasis today in anthropology upon the first hand study of primitive peoples. Students like Radcliffe-Brown, Malinowski, Rivers, and Margaret Mead have made expeditions to the East Indies, to Patagonia, to the South Sea Islands, and have spent years in getting acquainted with a particular people. In the field of religion there is a peculiar opportunity to make such studies due to the presence of foreign missionaries all over the world. So far as I am able to discover, however, empirical studies of religious experience in other cultures are deficient. There are indeed some happy exceptions, such as Pratt's *India and Its Faith*¹¹ and his *Pilgrimage of Buddhism*,¹¹ Kulp's *Country Life in South China*,¹² and Embree's *Suye*

⁹*Journal of Religion*, 1944.

¹⁰Cf. John Dollard, "The Psychotic Person Seen Culturally," *A. J. Soc.*, March, 1934; also, Alfred Storch, *Primitive Thought in Schizophrenia*, Nervous and Mental Disease Publishing Company, 1924.

¹¹Macmillan.

¹²Bureau of Publications, Teachers' College, Columbia University, New York, 1926.

Mura,¹³ but for the most part our studies of the great world religions are based upon documentary studies with little attention to the *living* documents of today.

Psychology of Religion

At the turn of the century a movement for the study of the psychology of religion set forth with great enthusiasm under the leadership of William James, Stanley Hall, Starbuck, Coe, Pratt and Leuba. This movement has to its credit some enduring achievements, but it seems now to have spent itself or to have been diverted into religious education or into the philosophy of religion. Most of the books which appear today in this field lean heavily upon the writings of Freud, Jung, Adler, Rank and Kuenkel, with only a slender basis in controlled, empirical observation.

In General

This survey of the present situation shows that there is indeed a strange lag in the employment of the methods of cooperative inquiry in the study of present day religious experience, and even in the use on the part of theologians of such studies as have been made. It also reveals the difficulty of the task involved. It is no easy matter to formulate the important problems of religion and theology in such a way as to make possible quantitative verification. With few exceptions the quantitative studies thus far made have dealt with peripheral factors rather than those of central significance and the more penetrating studies have relied upon general observation and reflection.

ISSUES IN THE STUDY OF HUMAN NATURE

In the attempt to explore human nature there are, however, a number of crucially important problems which are demanding attention and must be answered if they are answered at all by systematic, painstaking cooperative observation of actual experience. Here are some which challenge the attention and the intelligence of the student of religion:

1. *The Body-mind Problem.* Academic psychology has been proceeding on the assumption that its task is to explain mental functioning in terms of physiological processes. In that task it has made little progress. The great contribution which Freud has made is a psychology built on the basis of desires and experiences of men rather than upon stimulus-response mechanisms. Meanwhile the interrelationship of body and mind is being attacked anew through the study of the interrelationship of emotion and organic disease. The body-mind problem is receiving increasing attention in the diagnosis and treatment of both mental and physical disease and it presents also a problem of great significance to the student of religion.

¹³University of Chicago Press, 1939.

2. *Sin and Guilt.* Just at a time when many of our theologians were discarding the old idea of sin, the psychopathologists were discovering it. Among them it is a very live issue. Their findings call for careful re-examination of the old theological positions.

3. *The Nature and Function of Conscience.* Ever since Freud published his *Ego and Id* the doctrine of the "Super-ego" has been central in psycho-analytic theory. Few psychiatrists, however, have any acquaintance with Mead or Dewey or Hocking, and few students of religion have any understanding of the experiences on which Freud based his theory. Cross-fertilization is needed.

4. *The Foundations of Psychotherapy.* The procedures and the dynamic factors involved in psychotherapy are of profound interest to the theologian. What is involved is the problem of sin and salvation, and the principles relied upon are those of confession and forgiveness.

5. *The Social and Psychological Roots of the Idea of God.* Psychopathological experience indicates that the idea of God stands for something which is operative in all men whether they call themselves religious or not. It represents that which is supreme in the social relationships, that of which standards and values are merely functions. As such it crops out spontaneously under certain conditions, apparently without much regard to previous indoctrination. The forms which it assumes and the conditions under which it appears are challenging problems.

6. *The Nature and Significance of Mystical Experience.* Mystical experience tends to appear in association with crisis experiences and constitutes the fountain-head of religious movements. Some of these crises are turning points in the struggle for personal self-realization which in their more severe forms assume pathological features. Some crises such as war and economic depression, involve shared strain and are social in their nature. Such experiences need further investigation.

7. *The Interrelationship of Religion and Culture.* The types of religious and mystical experience and the symbols they employ in different cultures cannot be determined by the study of books. Only the study of living documents can give the answer. Such studies are much needed. So also are exact and specific studies of the influence of different religions upon the ways of living and working together.

8. *The Constants in Human Nature.* Henri de Pirenne's dictum that all historical construction rests upon the postulate of the eternal identity of human nature calls for careful studies of the elements in human nature which do remain constant and those that vary as we pass from one culture to another and from one age to another.

9. *Major Religious Decisions.* Conditions under which they are made, mystical elements, emotional accompaniment, results, means of inducing them are important problems both from the practical and from the theoretical standpoint.

10. *The Concept of the Self and Its Significance.* Some students of the

personality look upon an individual's idea of himself and of his role as the nucleus of the personality. What evidence is there for or against this view? What are its implications for the psychology of religion?

11. *Indulgence, Abstinence and Self-Control in Relation to Religious Experience.* This is a problem of practical and theoretical importance on which we need additional evidence.

These are merely some of the problems, suggested for the most part by work in a mental hospital, which ought to be in some measure solved by means of controlled observation.

THE CLINICAL APPROACH

The clinical approach is by no means the only one which provides an opportunity for the empirical study of religious experience. The rural parish, where everybody knows everybody else, the urban parish in its reflection of the pressures of city life, contact with service men seeking to adjust themselves to military discipline or to the horrors of battle, mingling with people of other cultures, these and many other areas of experience furnish their own unique advantages. But dealing with badly maladjusted or sick people (for which alone the term "clinical" should be reserved) seems especially important. Just as in medicine the study of disease has led the way to the knowledge of normal physiology, so also we may hope that the study of mental and physical breakdowns and social deviations may contribute to the understanding of the normal personality and of normal religious experience because it furnishes the nearest approach to experimental conditions with reference to the great driving forces of human life. Clinical experience in any of the recognized training centers is not, therefore, to be regarded as an addition to the theological curriculum. It is rather a new approach to the problems with which theology has always been concerned and an attempt to modify the methods of teaching. A consideration of the different types of institutions in which clinical training is now being offered indicates that the problems with which each confronts the student fall within the following specialized fields:

The Mental Hospital:

- Psychology of religion
- Theology
- Social pathology
- Religious education
- Personal counseling
- Pastoral care

The reform school and the child guidance clinic:

- Religious education
- Social pathology
- Personal counseling

The general hospital:

Pastoral care

Personal counseling

The infirmary:

Pastoral care.

This analysis is subject to some discount by reason of the writer's particular bias. His own work has been in a mental hospital. Perhaps if his lot had been cast in some other type of institution he would have discovered in them a wider range of problems. He is, however, very sure that in a mental hospital the student is confronted with problems whose implications for theology cut very deep.

II. The Crucible of Experience

REPORT TO THE DEAN

ROBERT D. MORRIS

Chaplain, Episcopal Hospital, Philadelphia

MR. Williamson (this is a pseudonym) did excellent work at Episcopal Hospital. During the training period, from July 1st to September 7th, with the week of September 8th to 14th for finishing the written work, Mr. Williamson worked consistently and steadily. He showed considerable ability to express clearly his relation to the patients; and after the initial insecurity and anxiety regarding the work and his position in the Hospital he produced well written notes, with increasingly adequate and meaningful interpretation. He was able to go to the heart of some of the chief problems in pastoral care and showed ability to relate his thinking in the Hospital to what he knew of the pastoral ministry. Over the ten weeks he grew more active and outgoing and responsive with his patients. He was less subjective in judgment as his own ease with varying types of persons increased. There was good acceptance of the content of the course, an excellent grasp of the reading and relating the material he read to his own experience with the patient, and good use of the insights of other professions without going overboard or without undue preoccupation with methods which are foreign to pastoral care. At the beginning of the experience, there was considerable fluctuation between an unnecessarily passive and authoritarian approaches to the patient. As time went on, he focussed his attention on the patient's own relation to God, meeting the patient where he was and showing an appreciation of the quality of his own relation to the patient. Gradually he gave up telling the patient what he should do and expecting himself to accomplish a complete job of therapy in a learning experience. He also recognized that he needed to do much more work, particularly after he got into the parish ministry.

He had loyalty and good judgment in meeting his responsibilities as a student chaplain and as a member of the department of religious work. In helping to conduct the services in H . . . Home, preaching in the Chapel, and assisting in bedside Communion he fulfilled his duties well. In the early weeks of the training there was also some difficulty in planning the schedule and in seeing a sufficiently small group of patients so that a thorough job could be done in relation to them. This was considered over a

period of four or five weeks, and it was finally possible to work out a careful follow-up of a small number of patients and not take on more work than could be done thoroughly.

There was a growing appreciation of the use of other resources and a good professional and social relationship with the interns on the corridor and other contacts, such as that with Medical Social Service. In several instances, Mr. Williamson had intensive discussions with the director of Social Service regarding patients in whom there was mutual interest.

As an outgrowth of Mr. Williamson's preparation of sermons which he preached in the Hospital Chapel there was an excellent contact with a Mrs. Y., who had come to Chapel in a wheelchair that morning. His relation of Christian truth to personal needs made it possible for this patient to respond very quickly to him and to reveal a very serious family problem. The element in the problem included an illicit relationship with an osteopathic doctor while the patient's husband was in the armed services, and a considerable uncertainty as to whether or not she would stay with her husband and her two-year old son. After the clarification of the significance of the material of the first visit in conference, Mr. Williamson went on carefully, step by step, and helped the patient to make her decision in terms of the forgiveness and the will of God. She was able to see, without being told, that she had been participating in an impossible infatuation, that her so-called doctor friend was no friend at all, and that her opportunity for peace and happiness lay in fulfillment of her relationship as wife and mother. The mother was discharged before the work was completed with her, but a subsequent letter to the student showed that she had made a final commitment to the only way which could bring her satisfaction.

This experience had considerable meaning for the student in many areas. At the beginning of the preparation of a sermon on "Disappointment and Christian Meeting of Disappointment," he was confused and uncertain as to how to proceed. He said he had never prepared a sermon which was chiefly concerned with the personal needs of the hearer and relating Christian resources to him. He worked hard on the preparation of the sermon and showed willingness to review it and rewrite it where necessary. The response from a number of the supervisor's own patients showed that it had been a very useful sermon. It also illustrated some of the progress which was made differentiating between describing the patient's real concern and prescribing for it. At the beginning of the experience, the student showed a tendency to prescribe therapy before he knew what the religious diagnosis was. There was also a tendency to tell the patient authoritatively what he ought to do, whether or not the patient was in condition to receive such information.

With Mrs. Y., the Scripture and use of suggestion regarding receiving Holy Communion were realistically related to what the patient had said and to what was known of her real need. At the beginning there was reticence in

approaching doctors and talking with them as a fellow professional worker. In dealing with Mrs. Y's situation there was close contact with the intern and resident on the case. At the beginning there was a tendency to cut the patient off and to ask questions which were in the mind of the student rather than related to what the patient needed to talk about. With Mrs. Y., there was an ability to encourage her to express her real troubles without condemnation.

The notes on Mrs. Y. were used as an integral part of the effort to understand her and, in student-chaplain cooperation, to help her. At the beginning, there was difficulty with recording. It was seen chiefly as the doing of an assignment rather than being a part of the religious care. It took a short time to become used to differences in situation and method from the mental hospital in which complete histories are done on patients who are seen for at least 21 hours. In a general hospital patients are often not in for more than two weeks and are seen fewer times and for shorter periods. It was possible to talk some of these things through carefully, as there were at least five one-hour conferences a week.

The student was thoroughly accepted in the department and by the medical, nursing, and social work staff. In the experience with Mrs. Y. he saw more clearly some of the values in working closely with other professions and saw the real satisfaction in a reasonable limitation of the religious goal or the pastoral goal with the patient.

As a part of the preparation, the student considered intensively, in his own relationship with patients and in the discussion and writing up of analysis of notes done by other Hospital workers, the use of listening, questioning, reassurance, encouragement, and counsel; the use of the religious history, prayer, theology, Scripture, prayer book, Holy Communion, confession, and anointing; and he considered with the supervisor some of the major problems of illness, including problems of grief, guilt, anxiety, grudge-bearing, and evasion of responsibility.

He made visits to X-Ray, the delivery room, laboratory, occupational therapy, out-patient department, medical social service, and several homes of patients whom he had come to know in the Hospital, thus becoming acquainted with the chief services of a modern hospital.

In relation to supervision he was somewhat formal and distant for the first several weeks. As the nature of the supervision became clear he was much more relaxed, open, frank, and responsive, and he freely considered the matters of major interest that came up in conference. It was clear at the end of the training that the student and supervisor were not only fellow workers, but that also out of the experience came warm friendship. Supervision was seen not as a hindrance in the process of helping the patient, but as an aid to it.

The student increasingly learned the significance of the common things

of life about which patients showed the most real concern, the relations between husband and wife, parent and child, work, the use of money, household management and care, relations with the neighbors, relation to the Church and to God. He showed a growing ability to relate his theology to the real problems which people who are physically ill present to the chaplain. There was good use of imagination in picturing the development of the relationship and in sensing what the patient wanted to consider in future visits.

There was also a good grasp of the use of the abstract as a part of pastoral care, and as a means of determining the major religious concern of the patient, noting the way it was told and the feeling with which it was told, and the background of it as it grew out of need, family, Church, work, play, and the use of money. He used the abstract to determine the meaning of the patient's problem, to describe the resources available, to make a plan, and to carry out active care insofar as it was possible.

In the final examination, which was a paper surveying a set of records on the pastoral care of a physically ill person, he considered the relationship between the worker and the patient, the interrelation of spirit to body, the method of help, the insight which he gained, use of Scripture, prayer, the Book of Common Prayer, theology, and the use of facts from other fields. The purpose of this examination was to help him to focus on the needs of one person the facts which he had learned throughout the summer experience. This he did in a very thorough, clear, and careful manner.

Through this student's intensive work, his readiness to be useful, and his ability to grow in understanding and in action, he made a real contribution to the work of the department and to a number of patients. It was a pleasure to have him in training.

Grade: A.

Respectfully submitted,

ROBERT D. MORRIS, *Chaplain.*

CLINICAL PASTORAL TRAINING AS A RELIGIOUS EXPERIENCE

A STUDENT

*Written at the close of his first quarter in
Clinical Pastoral Training (Mental Hospital)*

SUPERVISOR'S NOTE

The student who wrote this statement is 27 years old, and single. He is the only child of upper-middle-class parents. This man is a graduate of a prominent men's college, a veteran with three years of service as an enlisted man (part of it overseas), followed by two years of employment in the office of a large company. He has completed his first year in Seminary. His progress in Clinical Pastoral Training was splendid. At the outset he was quiet in seminar, reserved and fearful with patients, and constricted in most of his emotional responses. He felt unsure of himself and fearful of criticism. He was aware of much inner distress, but had little insight into its causes. During the summer he gradually became much more free and open and participant, especially in his relations with the other students and with the supervisor. He started venturing insights into himself at about the end of the first month in training, and this process continued with increasing speed and depth through the balance of the quarter. It was a source of considerable gratification both to the supervisor and to some of the other students to watch this man gradually open up and respond with increasing ease, warmth, and self-confidence. His candid statement, which follows, is one evidence of this on-going process.

I RECOGNIZE quite clearly that the past summer spent in Clinical Pastoral Training has been especially meaningful for me. Yet, I haven't been able, during a week's thought on the matter, to write even one sentence on the topic "Clinical Pastoral Training as a Religious Experience." Why this reluctance? It must spring from a mixture of reasons, but I am aware of only two of them. First, a frank discussion of the topic demands that I disclose a good deal of myself to an unknown audience—something I seem to be most unwilling to do. This "self" prefers privacy; it does not want to be displayed before an unfamiliar group that might be critical; it is afraid of being thought foolish or naive. But there is another self emerging, which, though still elusive and indistinct, is gradually taking definite shape. It shows promise of becoming braver than the self it is replacing. Only to such an extent as the new self is able to subdue the old self will this be a searching and honest presentation of "Clinical Pastoral Training as a Religious Experience."

The other obstacle which has hindered my progress seems to lie in the topic itself rather than in me. It is with this second and more objective difficulty that I have preferred to occupy my thoughts for a week, apparently

to avoid the less comfortable task of recording my feelings and opinions. I refer to the difficulty I have encountered in fitting Clinical Pastoral Training into the traditional mold of religious experience. This difficulty raised the question, what does constitute "Religious Experience"? I felt that perhaps the answer to this question would permit me to enlarge on the traditional view of religious experience (as I understand it) so that it would clearly include portions of Clinical Pastoral Training, and still remain within reasonable limits.

My first thoughts on the nature of a religious experience took, as I have said, the form of conventional terms—"supernatural," "sublime," "decisive." These traditional elements had no obvious counterparts in Clinical Pastoral Training. I had seen no trace of the supernatural; sublimity was at a minimum; and time alone could show any decisive effect of the experience. This left me confused as to whether or not Clinical Pastoral Training should actually be classified as a religious experience. Then I tried to go behind these terms to see what they really expressed.

This search brought me to the following formulation of religious experience. First there is the Divine element. God reveals Himself directly as to St. Paul; or especially, through Jesus Christ and the Scriptures; or generally, through people, prayer, nature, and the arts. Secondly, there is the human element in a religious experience. It may take the form of subjective response in the realms of feeling and understanding and faith. It may also take the form of an objective response involving a change in behavior (both treatment of self and others) and a change in goals. Proceeding from this analysis of religious experience, I ventured to adopt the following definition: a religious experience is any event in which God reveals His existence, nature, purpose, or all three and to which man makes the positive emotional, intellectual, and actional response which constitutes faith.

Equipped with this definition, I tried to return to the central topic. However, I was soon struggling to distinguish between Clinical Pastoral Training as a religious experience and as an educational experience. I could not see clearly the relationship between the religious aspect and the educational aspect of the summer's work. When were they separate, when did they touch, when did they overlap, and when were they co-incident? As I puzzled over this thorny problem, I gradually became convinced that the human response alone determines when an educational experience becomes a religious experience. From this point it was a short step to the conclusion that every life experience is implicitly a religious experience. God reveals Himself at every moment and in every situation. When men respond positively to this revelation, its potential is realized—the experience becomes explicitly religious.

The three training activities which were most productive of explicitly religious experience were the seminar discussions, the individual conferences with the supervisor, and the patient contacts. The order is not neces-

sarily according to importance—they are so interdependent that such a comparison is impossible.

To consider them in the order given, the seminar discussions involved a group relationship in which the nominal objective was the discussion of standard case histories, mainly from the supervisor's file. The case histories were most often used as a point of departure from which to discuss theology and one's self—the latter either unconsciously or in disguised form.

In our seminars, I found a greater degree of love than I had previously known. Here was a group who watched me grow angry and withdraw, which listened to me tell them they didn't know what they were talking about, which discovered the really basic flaws and weaknesses in my personality—and none of these things made any difference in our relationship. I was still liked and kept as a welcome member of the group. Of course, this was a gradual process. But as time passed, I saw ever more clearly that I did not have to do anything special to win their favor. I did not have to agree with their opinions. I did not have to pretend I was always right. I did not even have to be pleasant. No matter what I did, or how I acted, or what they found out about me, they did not exclude me from the fellowship. They accepted me just as I was. It was as simple as that.

That was a religious experience, all right. What had been a Greek word and an abstract idea became a reality—I mean *agape*. It may have been only a shadowy and blurred miniature of God's love and forgiveness, but it is the closest thing to it that I have ever known. I realize now that I had not experienced it at home. It may have been present in friends through the years, especially at Seminary. But if so, I never became aware of it. At Seminary, for example, I was able to give and receive love much more freely than ever before. But still I felt that I had to earn their love by maintaining a certain standard of conduct. At the Seminary, it was love springing from a community of interests and similar loyalties rather than love given freely and without any reservation. It was dependent on my proving myself worthy of it. I may be wrong in this estimate. It is entirely possible that until this summer I was not able to recognize unqualified love even when I was surrounded by it. This is the point at which the individual conferences with the Chaplain-supervisor enter the picture as a religious experience.

The role of the individual conferences, in terms of religious experience, was that of helping me to understand why I have been unable to respond to much of God's revelation of Himself. And to the extent that they succeeded in this, the conferences should enable me to respond to His revelation more readily in the future.

In one of the later conference situations, I was able to share with the supervisor a letter which I had just received from home which was causing me considerable distress. While the supervisor offered interested silence and an occasional interpretation, I was able to think aloud through the

implications which the letter had for me at this time and in the future. I was able to examine the negative parental qualities and attitudes which the letter reflected, and to express the hostile feelings which these attitudes had aroused within me. I was then able to think back through my early life, and recall several experiences in which these same negative attitudes of my parents had played a dominant part. I was able to see the formative effect which they had had on my personality. I was able to discover the crippling effect which these attitudes still exert on my life—how my unhealthy reaction to them continues to influence much of my behavior. I was also able to realize that my parents, in their treatment of me, were themselves reacting to many unhealthy factors in their own backgrounds. I consider that particular conference to have been a religious experience. I am inclined to feel that the insights gained that morning represent the beginnings of a freer and more expansive response to God as He reveals Himself in all of life.

This particular conference was typical of the other fifteen or so conferences which took place during the summer. In each of them I penetrated some distance into the realm of my unconscious motivation. I was able to express thoughts and recount experiences which I had never before been willing to share with anyone, because I was so ashamed of them. The conference situation was for me so fraught with emotion and tension that I find it extremely difficult to recapture its mood and convey its significance. I am still unable really to grasp the full portent of the self-knowledge which the Chaplain-supervisor helped me to wring out of myself during those hours. Most of what I discovered about myself was a surprise, much of it was unflattering. It was all sorts of things—confusing, sickening, exhilarating, exhausting.

What really happened was that I was experiencing God's redemptive power in action. As I gained insight, God's redemptive power was transforming the wreckage of damaging childhood incidents and relationships into the precious tools with which I can build a sturdier life structure for myself, and be better able to help others do the same. This process was, at the same time, one of the richest, and one of the most turbulent religious experiences of the entire summer.

Then there were the visits with patients. Our contacts were usually one of three types—an initial religious interview with newly-admitted patients, a series of intensive counseling interviews with one or two patients, and emergency calls to critically ill patients on the danger list. Of course, we often had casual chats with patients as they sat out on the lawn during the day.

Perhaps the sharpest spur toward God comes from finding oneself powerless to help when faced with desperate human need. That was the form of the religious experience arising from my contact with patients. The whole patient group presents one vast yawning need for love and

understanding. I talked with one girl for weeks—a girl who had attended church all her life, and came regularly to the hospital service. She is completely unable to accept or even comprehend forgiveness as a fact in her life. She begs God to forgive her. She hears the words, "God has forgiven you," but they mean absolutely nothing to her. Call this lack of faith if you will. The girl was never forgiven as a child. She never experienced human forgiveness. How, then, can God's forgiveness be real to her? She knows the word forgiveness. She has heard many sermons about it. She heard me reassure her of it over and over again. This talk about forgiveness has not begun to relieve her tremendous sense of guilt. She is as wretched as if she had never heard the word.

What could I do? Keep on talking to her about forgiveness? Abandon her situation as hopeless? Neither of these seemed to be the answer. The only other alternative was to turn to God and pray that He show me how to help her. I believe He was doing just that through the experiences in Seminars and conferences which I have already described. Probably this girl has not learned what forgiveness is through me (I had the opportunity to embody it after one interview in which she struck me and cursed me and otherwise showed hatred). I do know, however, that my relationships with her and the other patients awoke within me a sharp realization that my best efforts were inadequate or inappropriate in the face of human need of such vast proportions. This increased awareness of my dependence on God led to experiences in prayer that were intensely religious. In fact, the whole Clinical Pastoral Training situation gave the worship services, and devotional periods (both private and group) a note of new urgency. To prepare a sermon for those hungry souls and to get up and preach that sermon was more than a routine duty. It was a religious experience.

As for the training activities which involved the hospital staff (lectures, staff meetings, clinics and such) I consider them as primarily educational. They were implicitly religious, however, in that they provided the keys which unlocked the doors to most of what I have been evaluating as explicitly religious experiences.

Thus, there were three main spheres in which the experience of Clinical Pastoral Training proved to be explicitly religious. First, in contact with the patients I discovered human need so great that I was forced to cast myself wholly upon God for the resources with which to meet this need. Second, within the student-group I found a stronger hint than ever before of what God's love is really like. It was channeled through those men to a degree that warmed and healed me. Third, alone with the Chaplain-supervisor I experienced God's redemptive power in operation. Through the instrument of increased self-knowledge, evil was being transformed into good and blindness changed into responsiveness. May others find in Clinical Pastoral Training the religious experience that I did.

GROWTH THROUGH GROUP INTERACTION

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STUDENTS are appreciative of the opportunities for personal growth which come through contacts with individual persons in actual clinical situations. We have long known that the clinical experience brings about a new humility, a feeling of urgency for gaining deeper understanding and greater skill in helping people at the point of their need. The student is compelled to rethink his own personal philosophy and to clarify his own theological concepts in terms of the actual situation. He is stimulated by new ideas and challenged to broaden his own way of thinking. There is no doubt that he grows intellectually in such an experience. In addition to the intellectual growth that comes through observing and analyzing behaviour patterns and personality mechanisms in patients, there is an even more significant opportunity for growth through interacting with other students and with the leader in a closely knit group. One student put it this way: "... We have learned more about the dynamics of human behavior from each other than we did from the patients."

When the growth opportunities of a closely knit group are fully exploited, the group tends to serve a therapeutic purpose. If therapy is thought of in terms of helping people in their total adjustment to life, then it becomes apparent that the group provides opportunity for developing greater self-understanding. Insofar as it fosters desirable individual change, it does aid in life adjustment and so takes on some of the characteristics of a therapy group.

The typical clinical pastoral training group meets many of the optimum conditions that make therapeutic progress possible. It is small in size, the optimum size for the therapy group being about 8 and not more than 15; its members are drawn together by the common interest of increasing their effectiveness in pastoral work; its members share many common experiences of a diversified nature and meet for many intensive sessions under the same leadership; its members are generally relatively young and hence able and willing to modify attitudes.

Given, then, the potentialities of a group that can stimulate growth

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through interpersonal interaction, what are the factors that impede or foster such growth? The group we will consider in this discussion was made up of 10 students and an associate director enrolled in the six weeks' course of clinical pastoral training at Boston State Hospital in the summer of 1950. This group, meeting under the auspices of the *Institute of Pastoral Care* with the writer as director, consisted of six theological students, one full time pastor, one chaplain to university students, and two YWCA executive directors.

Problems of the Group

The group experience is a natural and normal one since man is basically a social animal and needs the company of others to reach his highest development. Yet, as men participate in group life, they manifest on every side tendencies that lead toward the disruption of the group. Thus, in our clinical training group at the beginning of the course five out of the ten students exhibited prominent trends that were antagonistic to effective group functioning. One was especially interested in theological concepts and insisted on expounding the specific beliefs of his denomination. Another seriously interfered with group discussion by telling irrelevant stories or by reciting his personal achievements. A third drew heavily on a pre-medical background, using terminology largely unintelligible to the others. Two simply withdrew, one actually sitting away from the group and the other studiously knitting. The other five, without presenting such resistance to the group, nevertheless showed no sensitivity to group feeling. This is by no means strange. It is typical of the problems faced whenever a new group comes together. There are strong internal tensions in the group which interfere with progress toward any goal. The difficulties of committee work are common knowledge—the clashes of personality, the emotional tensions, the failure of some to make any contribution, the problems of following through from discussion to action.

The difficulties experienced by people who are trying to work effectively in groups is increased when the group meets within an educational framework. Each member brings to the group his own ideas of what the group will do for him. The commonest desire is to find specific answers for particular situations. The student in the clinical training group often wants to learn definite techniques for meeting definite problems. In our group, for example, one student who served part time as a hospital chaplain put his interests very bluntly: "I would like to follow the chaplain around and learn how to do things by watching him at work." In a similar way specific interests, often stated in the form of "my back-home problems," take the spot-light in the opening phases of the work. The student wants to be told how to meet his own situations; he wants the answers stated clearly and concisely so that he can write them down in his note-book for easy future reference.

The problem of the typical clinical training group, at the beginning, is:

that the members of the group expect something to happen on their notebooks rather than within themselves. The students approach training, generally, with the idea that they are to become trained technicians in pastoral care. Indeed, it is a very real temptation for the leader of the group to cram the student's mind and note-book with all the information and technique at his disposal without stopping to ask himself if he is really helping the student to develop his own learning skill. It came as a considerable shock to several members of our group that any change might be expected in them. They sensed that the orderly progress of fruitful discussion was being thwarted by attitudes of some of the members, but they failed generally to grasp the fact that they themselves had much of a stake in the matter.

The fact is that all of us resist the idea that any change is needed in our own make-up if we are to get things done with other people. One social scientist has written descriptively of the "growing pains in collaboration." He points out that there are ambivalent attitudes toward solving problems of interpersonal tension. On the one hand there is the desire to come to terms with troublesome issues but on the other hand there is the fear that this very process will call for personal change, which is always painful. Even though established patterns of behavior may cause tension, as long as they are maintained one avoids facing the painful prospect of working out more satisfactory roles. Thus one member of our group always presented a smiling, agreeable countenance, and persistently refused to permit the group discussions to deal with personalities. Although his insistence on talking only in generalities was disrupting the group process, nevertheless he could not bring himself to a personal analysis which might call for a change in his way of dealing with people.

Goals of the Group

The goal of clinical training, in part at least, is to provide the kind of group experience through which a student can grow. The growth needed is in the direction of more adequate, more mature interacting with other people. The need is not for more information or for increasing one's body of knowledge. It is rather to create a group atmosphere in which the student can see himself in interaction with others, can dare to face his own needs, and can find help in effecting personal change.

It is experience, then, rather than knowledge, that is sought. Rather than presenting lecture material on personality mechanisms, for example, the goal is to create the kind of atmosphere in which a group can function freely so that behavior mechanisms can be observed in a concrete situation. It is not by being given answers about others that the student grows; it is by becoming more aware of himself (and hence of others) that his growth becomes real. As personal feelings are shared in the group, as patterns of behavior are identified and discussed, as barriers of resistance are recognized and analyzed, the opportunities for real growth are provided.

In order for such an experience to take place, however, a special atmosphere must be created within the group. It must be a therapeutic atmosphere, one in which a large degree of permissiveness prevails. The creation of such an atmosphere is initiated largely by the leader, for it is from him that the group members will take their cue. By being a permissive figure who accepts hostility without retaliation, one who permits and encourages expression of any type of feeling, and who continually strives to clarify what is happening, the leader helps to create the atmosphere in which members can be themselves and discard their defences. The warmth of the permissive group under a non-autocratic leader stimulates the group members to analyze their own ways of interacting with others. ✓

The influence of a warm climate on our group was quite apparent. One member exposed his soul, as he put it, telling of his feelings of inadequacy and of his futile efforts at covering up. In the sympathetic and understanding atmosphere of the group he recounted an early traumatic experience which he had never been able to express before. Hostility previously repressed was given vent. It had been demonstrated to him that it was not necessary to maintain defences against his own inadequacies. He had learned that the group accepted him as he was, loved him in spite of his weaknesses. He had learned that others had the same problems, that he need not be ashamed of his feelings, but could explore them openly and seek to understand them.

In order for such exploration to take place, however, another emphasis needs to be introduced. Not only must individual expression be encouraged, but there is also the need for allowing discussion to arise spontaneously without predetermined plan. This does not mean that there is no place for organized presentations in the curriculum; it does mean, however, that the most significant growth occurs when the deeper implications of subjects already spontaneously introduced are considered. The goal of the leader, then, is not to determine the area to be covered; it is rather to draw out the most significant material in the subjects of interest to the students as indicated by their own choice of topics.

The goal of the group discussions is always to uncover the deeper, more personal, dynamic implications of the subject under discussion. In preliminary stages the recognition of basic psychological principles or mechanisms may be all that is expected, but the eventual goal is to recognize personal involvement, and be able to make the application of the principles in situations in which others are involved. If the leader will resist dealing with subject matter on a purely factual basis and will instead seek out the deeper emotional implications, almost any subject under discussion can be turned into a significant learning experience. For example, in our group one of the most significant sessions was introduced by one member who asked a very innocent question about time limit on assignments. When another student indicated great concern over the matter the leader inquired about the extent of his emotional involvement. The student claimed he was

not personally involved at all but merely supported his friend's point of view. The group as a whole turned on the same student to tell him that he was obviously emotionally involved and that they resented his consistent pattern of refusing to admit to any emotion. The leader interpreted the student's reaction to the situation as the typical pattern of rising to the defence of the under-dog, a pattern growing out of his experience as a negro. The resulting discussion brought out a tremendous display of emotion which gave the group for the first time a clear insight into the student's problem and a much better understanding of his need for an unemotional mask. In a subsequent session the group process with its scapegoat mechanism was thoroughly discussed to the mutual profit of all concerned. Because the leader was able to move from the insignificant matter of assignments to the deeper level of feelings the group moved naturally into a highly significant experience.

The goal of the clinical training group is thus indicated as being one of stressing the importance of interpersonal interaction. Maturity in dealing with others cannot be learned from a book or from lecturing; it comes only after individuals have learned to accept each other with appreciation and have learned to set aside individual roles or personal prejudices or ego-centric needs in the interest of working toward common purposes. It is the leader's task to initiate a permissive atmosphere in which the students feel free to talk of their own concerns. The goal of the group is then to seek out the deeper, more personal implications of each topic discussed. Contacts with patients suggest the topics for consideration; interaction within the group helps to make possible a personal application of phenomena observed in the wards.

Stages in the Group Process

We have already indicated that the clinical training group, at the beginning, is a collection of individuals who are largely preoccupied with their own interests and who look to the leader for specific answers to their problems. At the completion of a successful training period, however, these same students have become a closely knit, smoothly functioning group of persons interested in analyzing themselves and evaluating their skills. Our task at this point is to point out the rather definite stages through which the typical group passes in order to reach this point and to indicate how the group moves from one stage to another.

The characteristic development of the intensive clinical training group seems to move on two levels; the first concerns the group growth and the second the development of the individual members. Although development on these levels is simultaneous, for the purpose of analysis they will be considered separately, starting with the level of group growth.

The first stage in the development toward group feeling is the *testing-out* period. The testing out is primarily with the leader as the student asks ques-

tions, seeks opinions, and generally tries to find out what the leader's attitude is. All initiative is commonly left to the leader. What interaction does exist among the members is a defensive testing-out of strangers. Such cooperation as is shown comes from cliques drawn together by common backgrounds or other common interest.

The second stage is one of *resistance* with a display of hostility toward the leader for his refusal to give all the answers or to state his opinions. This hostility is a normal part of the group process when responsibility for directing group activity is placed with the members instead of leaving all accountability with the leader. The hostility is best understood as being resistance to the unexpected method. This very feeling of hostility may be the beginning of cooperative activity among the members as they are drawn together by their resistance to the leader and to his method. An alternate leader may be sought among members of the group. Where some members are already oriented to the leader's approach, cliques form either supporting or opposing the method. The earlier loyalties based on common backgrounds tend to disappear in the face of the more significant issue of resistance.

This second stage can be a traumatic one for the leader, for it seems as if the group is disintegrating before him. In our group the resistance came to verbal expression in the second week of the course with a vigorous protest from many of the members for the leader's failure to supply the answers, to direct the discussion, to define the issues. At the same time, it became apparent that the earlier denominational loyalties were forgotten as the members tended to take sides for or against the leader's technique.

The third stage is characterized by *acceptance* as gradually the members began to understand the method and to appreciate the value of being compelled to work things through themselves. One of our group put it this way: "I think all of us resented being 'non-directed' the first few days, but we gradually began to understand why and it did help in the learning process." As this student suggested, resistance tends to dissipate as understanding is reached through actual demonstration. Now, instead of resisting the leader, one by one the group members begin to emulate him, trying out his approach in their interaction with the group. Thus in our group more and more of the members became dissatisfied with intellectualizing and sought to get at deeper personal feelings. The group as a whole, following the example of the leader, began to express more appreciation even of uncooperative members and to accept their non-conformity with understanding. The leader found that now the group was taking over responsibility for the progress of discussions, that individuals would take over spontaneously as leaders to recall the group to its major task. More and more the group tended to analyze what it was doing and to discuss hindrances to successful functioning. More interest was shown at this point in doing things of a social nature together and considerable concern was shown when one member of the group planned to absent himself from any activity. The group

began to develop a sort of sub-culture where special culture patterns unique with the group became prominent.

The final stage is one of *responsibility* in which the group functions in a well-organized and productive way with each member feeling a responsibility for what happens in the group and with the group being perfectly willing to accept this responsibility for directing their own activities. At this final point, the leader's role is that of a contributing group member who is only as important to the group as any resource-person might be. In our group, this stage was indicated when even the most rigid member was able to drop the title of "chaplain" and address the leader by his first name. It is of interest to note that, when the leader tried to assert his authority in the closing sessions, the group quietly but firmly reminded him of his departure from his chosen role and sought to understand the motivation behind the change.

Another major trend could be distinguished in the personal development of the members of the group. In all groups conducted successfully along therapeutic lines there is a movement toward deeper personal self-assessment on the part of the members. The first stage in this movement is a *defensive* stage in which each member tries to get to know the leader and others in the group without revealing any of himself. The result is that the discussion centers largely around factual material. In our group, for example, the early seminar discussions centered around diagnoses of mental illness, questions about admission and treatment procedures, and descriptions of ward activities. These were safe subjects that did not call for much personal reference except as a group member wanted to recall relevant experiences of a similar nature. Toward the leader the group members at this stage maintain a defensive attitude for as yet they are not at all sure about him, are not persuaded that he will really encourage free expression, are still wondering if he will retaliate or show favoritism.

The result of this defensiveness is an *anxiety* which characterizes the second stage. Even though the group members may work through initial resistance to the leader, they feel anxious in the closeness of the group situation and express their anxiety in many subtle ways. One of our members, for example, spent a good deal of time telling us what an important person he was back at home, even bringing in clippings to prove his worth. The anxieties growing out of the intimate contacts in the group with the resulting possibilities of revealing weaknesses generally lead to expressions of hostility among group members. The attack which was first directed toward the leader now tends to be directed to the group members but in a less intense form. It is because the leader has been able to accept the hostility from the group without retaliating or getting upset over it that the hostility is able to be diffused over the group.

The result is that a third stage is reached in which an *increasing expression of personal feeling* is the dominant characteristic. Gradually, as the

member senses that the leader accepts all feelings without condemnation and seeks only clarification, the material produced becomes increasingly personal. Under the skillful guidance of the leader there is now a greater readiness to consider not only the fact of a situation but the feeling connected with it as well. In our group we began to consider, for example, not only the fact of an aggressive advance of a seductive patient but also how the incident affected the student and how it related to other similar feelings. We began to learn to know much more about group members as real persons. Thus one of the girls expressed a strong reaction when the leader inadvertently placed her in a different category from the male workers.

The fourth stage is one of increasing *introspection* as group members become more and more aware of basic psychological mechanisms at work in others. As individuals attack each other's defence mechanisms in mutual criticism they become increasingly aware of their own personality structure. Instead now of avoiding personal reference, the group members tend to want to help in understanding themselves.

The final stage in the personal development of the members is one of *spontaneity*. The group members are now able to be themselves because they know that the group which has passed through a soul-searching experience together will accept each person as he is with appreciation and understanding. Not all group members are able to free themselves from their defences sufficiently to enter the spontaneity level, but those that can are the ones who talk of the clinical training as being something akin to a spiritual experience.

The degree to which individual members are able to move toward self-evaluation and the degree to which the group is able to reach the point of accepting responsibility largely depends on the skill of the leader. Our final task, then, is to consider in more detail the precise role of the leader in the group which is attempting to stimulate the growth of its members.

The Role of the Leader

The role of the leader, which has already been suggested by implication, now needs to be pointed up more exactly. In the group process, the leader is the key figure. By his attitudes and manner he sets the mood for the group. It is he who is instrumental in creating the kind of atmosphere in which it becomes clear that personal growth is needed. Under his leadership, group members see that personal change is not only possible but is also more desirable than clinging to ineffective ways of dealing with people. It is in the interaction between members and leader that the impulse toward growth is given.

It is in working through the relationship with the leader that the movement toward higher stages in the group process and in personal development is made possible. The expectations of the group concerning what the leader has to offer and his clarification of what he feels he can offer are the

first items of business for any group. The tensions that become apparent at this point and the resulting resistance to the leader offer the first real opportunity for helping group members to recognize, clarify and hence to deal with their true feelings. Understanding that this resistance is a part of the normal group process and that hostile feelings are often unconscious or are at least a part of the ambivalent attitude toward change, he accepts them without anxiety and encourages their expression. As he encourages members of the group to bring hostility and other negative emotions out into the open, he helps them to deal with emotion on a conscious level. The leader's understanding of such psychoanalytic concepts as anxiety, hostility, repression, transference and counter-transference makes it possible for him to make observations to the group which will clarify issues that are creating tension.

The actual role of the leader is that of a catalyst. Without dominating, he seeks to clarify feelings and to identify and penetrate mechanisms of defense. On occasions, appropriate interpretations may be made when they are thought to be desirable for group process, but the leader's role is primarily that of seeking clarification, of penetrating into areas of greater dynamic significance, of seeking the more personal implications.

The group takes its cue in group procedure from the leader. By being willing to subject his own technique for evaluation and by being able, through his own experience and maturity, to accept criticism openly and easily, the leader makes self-evaluation possible. Nothing serves to create an atmosphere conducive to self-evaluation faster than for the leader to admit human failings and failures.

Certain precautions are important for therapeutic leadership. The leader is alert to relieve tension where it seems desirable, perhaps by the use of humor. He discourages excessive display of hostility, yet, at the same time, he may permit conflict to go on, to ride itself out, until a full catharsis has been reached. At one point in our group, the leader was asked to halt the group process with a prayer in order to relieve an "un-Christian" situation, but by refusing to interrupt the process and by letting it work itself through, a significant experience occurred which threw light on the stereotyped defences of one member. Excessive anxiety on the part of a member is always a cause for concern and needs to be scrutinized carefully. Where it is present, individual conferences are usually called for to supplement group activity, and this proved to be the experience with two of our group members.

Everyone of us knows from personal experience that growth is never easy. If our students in clinical pastoral training are to grow through group interaction, then we as leaders will need to bring to the task all the understanding of individual and group dynamics that we can acquire. We need to be alert to opportunities for more critical observation, analysis, and evaluation of our own work as group leaders. We need to explore tech-

niques such as psychodrama and role-playing for acquiring better tools in stimulating growth. We need to become better acquainted with research writings in group dynamics, and we need to seek group experiences of our own in which we can be spontaneous and natural in interaction with others and thus know from first hand contact the tremendous satisfactions of a therapeutic group experience.

III. Perspectives and Implications

THE PLACE OF CLINICAL TRAINING IN THE DEPARTMENT OF PASTORAL THEOLOGY

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THE actual mechanics by which a clinical pastoral training program may be incorporated into the department of pastoral theology in any theological school depends on many local factors. The way it is done in one seminary may not be suitable in another. This is so obviously a problem for each seminary in terms of its own needs and organization that we shall not attempt to discuss it here.

We shall rather discuss our theme in terms of certain values that are pertinent to the work of the minister as a pastor. We shall ask what clinical training has to offer at the point of these particular values and how this may be related to the teaching of pastoral theology in the theological school.

First, let us consider the problem involved in teaching a specific religious approach to pastoral problems that is suitable for a given denominational point of view. From the very beginning, clinical pastoral training under the Council has been an ecumenical movement. Students from different denominations and seminaries have been gathered together in the same institution for training. The theological supervisor was a man who had fulfilled qualifications for membership in one particular denomination and he had been trained by one particular theological school. Naturally he had the point of view that came to him through his training and background.

This situation has given rise to a certain criticism of clinical pastoral training. Some professors in our seminaries have said that it does not teach the students to use a particular form or liturgy or approach in dealing with people.

Obviously the answer to this is quite in the affirmative. Clinical training does not attempt to deal with all the various approaches or forms for pastoral work that have been developed by different denominations. By nature of its situation it cannot do this. Seminaries really would not want

this problem dealt with in any thorough way in clinical pastoral training. They would be quick to criticize clinical pastoral training if it went too deeply into certain of these matters. No supervisor can be an authority on all the different forms and approaches of the various denominations, and be acceptable to all of the denominations and schools at this particular point.

Our conclusion, therefore, would be that the teaching of specific denominational approaches or usages in pastoral work is the responsibility of the individual seminary. Insofar as such issues come up in clinical pastoral training it would seem to be the task of the supervisor to help the student clarify his thinking and the teachings he has received in his seminary in terms of his experience in clinical training. However, the major responsibility should rest with the department of pastoral theology in the theological school.

Let us turn to a second aspect of our problem. It is the need for the pastor to understand the dynamics of human personality in both illness and in health and to be able to relate this understanding to both his theology and to his practical work in the ministry.

From the very beginning, clinical training has emphasized the need of the student to understand the person with whom he was dealing in the clinical or pastoral situation. Indeed, this is one of the central purposes of clinical training. Bringing the student face to face with a person who is in some serious situation, helping the student to look at this person from various angles, to try to discover how the person got to where he is, and what can be done to help him to get out of his situation if that is possible—these and other aspects of understanding persons in distress have been emphasized by clinical pastoral training as developed by the Council. At the same time, clinical training has sought to stimulate the student's understanding of the problems which man faces, including the nature of man, from a theological point of view. And it has attempted to help the student integrate or coordinate his scientific understanding of man with his theological understanding of man. By virtue of the situation this process has never been completed. Twelve weeks in any clinical situation is altogether too short to give the student both a thorough knowledge of the scientific approach to human problems and the theological approach. Students have come from seminaries with various levels of preparation as far as theology is concerned. Some have been advanced in theology while others have scarcely taken a beginning course in theology. Furthermore the student may have and frequently does have a different theological position than does the supervisor.

Out of this situation there has grown some criticism of clinical training by seminary professors. Some have felt that the scientific approach to human personality has tended to undermine the theological approach. Some professors have held that ministers need only a theological orientation and have no use for any kind of a scientific orientation in relation to human personality.

When we turn to the condition that prevails in the average theological seminary we find that there is a rather sharp division between courses that deal with the religious understanding of man and courses in practical or pastoral theology. The courses in pastoral theology have been supposed to deal primarily with techniques. This has led somewhat to the conclusion that the pastoral field has very little if any content.

In clinical pastoral training the student gets an experience which teaches him the profound need for the integration of these two approaches. He comes to see in a very vivid way that his understanding of human problems will be the background and basis which will determine the techniques which he uses in dealing with those problems. Indeed, he discovers that in actual helping of people the understanding of them in itself is a major technique.

We are faced here with a deep need for the integration of the clinical pastoral training approach with the seminary point of view. The fact that there is an inseparable connection between a pastor's understanding of man and his techniques for dealing with man in various crises indicates that there is a profound content in this area and that here clinical training has made and is continuing to make a profound contribution that supplements rather than contradicts the teaching of the seminary.

In the second place, it should be obvious that the kind of teaching that a theological school can give at this point will be largely academic and through books. Clinical training helps the student to understand the living person. Here is a fundamental relationship that must be kept constantly in mind. The student needs the supplementary kind of teaching that can be achieved only through clinical training.

In the third place, we are gradually coming to see that the scientific understanding of man is not necessarily in conflict with a profound religious understanding of man. It might be pointed out here that there is no more conflict between the concepts of psychology and those of theology than there is between certain schools of theology. When we come to see that the scientific understanding of man must be incorporated in some way in theology as part of the Christian doctrine of man we also come to see the significance and the relationship of pastoral training for the total teaching of the seminary. Part of our problem here is the use of certain words which in themselves have threatening connotations. For me, clinical pastoral training brings the student to an understanding of the dynamic theology of individual persons. This in turn needs to be integrated with systematic theology as is taught in theological schools. Furthermore, techniques which are developed as the basis of the understanding of the dynamic theology of a person needs to be related to the teaching of techniques in the pastoral field in our theological schools.

A third basic need of the pastor is to understand the way in which he is able to relate himself to the person or persons whom he is trying to help, how he may understand and use this relationship, what factors within him-

self determine its quality, and the significance of his relationship with others for either good or ill.

The relation of the pastor to the person whom he is trying to help is heavily stressed in clinical pastoral training. Clinical training itself involves a very definite relationship between the student and the patient. This relationship is part of the focus of the supervision and of the discussion program that is carried on in the program. The way the student feels about the patient, the attitude of the student toward the patient, the feelings which the student seems to create in the patient, the result of this emotional interplay between the two of them—these and other aspects of this interpersonal relationship become the topic of discussions in both the supervisory conference with the individual student and in the group seminars. The student is helped to see the importance of what goes on between himself and the patient.

Another aspect of this relationship problem in clinical training is that the student invariably develops some kind of a relationship with the theological supervisor and with members of the staff of the institution. At times these relationships are such as to create problems for the student or for the institution or for both. There are times in the program when this relationship between the student and the supervisor is a topic of conversation. The aim of these conversations is always that of helping the student to gain insight into the way he relates himself to people in various roles. This is an integral part of clinical pastoral training.

The way in which the student pastor relates himself to persons is an aspect of pastoral work which is more difficult to deal with in the theological school and for that reason has been frequently neglected. When it has been dealt with in our courses in pastoral theology, the approach has been academic, and the relationship has been defined more or less abstractly and normatively without any attempt to get at the real problems involved. As a matter of fact it is difficult to get at this particular problem in many of our seminary classes. There are certain practical situations that are difficult to create in the classroom that are an inherent part of a program of clinical training.

In clinical pastoral training the theological supervisor has a close knowledge of both the student and the patient with whom the student is working. It is exceedingly difficult for the professor in the classroom, on the other hand, to have a knowledge of the way the student relates to a member of his parish and also to have a knowledge of that parishioner. The way the student relates himself to the professor may not be the same as the way he relates himself to the parishioner. The theological supervisor is in a position where he can see the various relationships which the student forms as they appear in actual situations.

It would seem that there are certain definite conclusions to be drawn about the place of clinical pastoral training in the curriculum as far as this

problem of relationships is concerned. In the first place, most professors in our theological schools need to become more fully aware of the significance of this aspect of the minister's work. Even in such activities as preaching, the relationship which the preacher creates with his congregation is deserving of far more study than has been given to it up to this time. In the second place, the seminary needs to recognize that clinical pastoral training can offer the student a kind of training in the area of relationships that cannot be given in a classroom. The simple reason for this is that clinical pastoral training involves a close supervision of an actual relationship in a way that would be exceedingly difficult or impossible to duplicate in a classroom situation. Clinical training is thus a very necessary supplement to the work of the department of pastoral theology.

Another conclusion that should be stated here is that professors in the field of practical theology in our seminaries should develop their own natural opportunities for teaching in the area of relationships to a greater degree than we have done in the past. Teachers who have had clinical training will not find this a difficult problem. Gradually they will discover how some of the methods of the clinical training procedure may be applied in helping the student to understand his relationship to persons in his parish or to persons he meets in casual contacts. The teacher who has had clinical training will also be aware of the problems involved in his own relationships to his students. In this way clinical pastoral training may become a very integral part of the work of the department of practical theology in the seminary.

A fourth aspect of pastoral training concerns the student's insight into his own personality and its needs for growth and maturity. This insight is a very natural result of the relationship between the student and the patient. A student must be exceedingly dull if he does not see some similarities between himself and the patient, and ask what they mean. When he faces the problems involved in his relationship with patients he finds that he must examine himself, as he is half of that relationship. Furthermore, the stress on understanding of personality that is made in clinical training inevitably leads the student to take some long looks at himself. In short, the total impact of clinical pastoral training inevitably brings the student to some insights into himself and the dynamics of his own life.

Out of this situation has arisen a certain criticism of clinical pastoral training by some members of theological faculties. This criticism has stated that in clinical training there is too much emphasis on personal therapy. At times we have been reminded that clinical pastoral training is an educational, not a therapeutic procedure, and that the emphasis on therapy is out of place.

Some of this criticism is undoubtedly justified. The evangelical impulse is strong in human nature and under many different circumstances it finds expression, sometimes unwittingly. On the other hand, from my own long

experience as a theological supervisor, I know how frequently students came to a sense of a need for therapy without any direct or purposive activity on my part. Let me repeat again, insight into his own life is an inevitable result of clinical training for the student whose capacity for insight is at all alive and functioning. Not in all but in many cases it leads the student to seek guidance in therapy. However, the supervisor must exercise both insight and restraint in dealing with these situations, and should guard any tendency in himself to be over-zealous. It should also be remembered that no student has ever gone into therapy who did not realize his own need and supply his own motivation. The nature of therapy takes care of this.

The relation of this situation to teaching in the practical field will be viewed differently by different persons. Those who understand teaching in the practical field to be largely a matter of training in skills and techniques will see little need for any emphasis on therapy, except for the rare student who is a candidate for the mental hospital. Those who see the work of the teacher in the practical field as a matter of helping the student to understand the dynamics of religion as they relate to the dynamics of personality and the significance of the personality of the pastor in relation to his techniques—those who see the problem in this light will welcome any experience for the student that helps him to grow and mature. They will find themselves unable to make a sharp distinction between some aspects of education and therapy, and will see that in many students, therapy must precede certain kinds of learning.

Then there is a further consideration. This experience of insight into the student's need for therapy is not unique in clinical pastoral training. It happens all the time in our seminaries where teaching is creative. One cannot give a creative and meaningful course in counseling or in the psychology of religion without students becoming aware of their own problems and without them coming to ask for help. One of the problems in teaching certain courses in a seminary is that of providing resources in therapy for those students who become awakened to their need. At the present time some seminaries are wrestling with this problem, but I know of none which have arrived at a fully satisfactory answer. The problem, however, is inherent in the background and experiences of the students themselves. Both clinical pastoral training and certain courses in the seminary inevitably bring the situation to consciousness and give insight into its meaning. How to handle it and how to provide resources to meet it are problems for both clinical pastoral training and for the seminaries, though in some respects the greater responsibility is on the seminary.

In conclusion, and on the basis of twenty years connection with clinical pastoral training and an almost equally long period of teaching in theological schools, I would say that the time is here when clinical pastoral training should be considered a necessary part of the equipment of any theological graduate. Clinical pastoral training in no way conflicts with, but in a number of essential ways supplements, the work of the seminary.

It gives a number of values that cannot be achieved so easily or effectively, if at all, in a classroom.

Clinical pastoral training was born out of a need, the need of the pastor to know and understand persons, including himself. This need became focused in the experience of one man, Dr. Anton Boisen, with sufficient clarity and depth that he was able to persuade others to join in the great experiment which, after twenty-five years, is rapidly outgrowing its adolescence and taking on the characteristics of maturity. During these years it has encountered many attitudes on the part of seminaries—it has been despised and rejected, it has been tolerated as an intruder or interloper, it has been feared and misunderstood. Those of us who have been in the movement share some of the responsibility for these relationships. Having seen a vision, we were frequently too impatient to wait for the gradual working out of the dream.

As we celebrate our twenty-fifth anniversary a different situation obtains. Clinical pastoral training has been fully accepted in principle in many seminaries, though not all have been able to find ways and means to provide it for all of their students. The feeling between many seminaries and the Council is one of mutual respect and cooperation. A number of seminaries have taken clinically trained men on their faculties, and we hope without regret. Seminaries are encouraging their students to ask for training in numbers that are completely beyond the resources of the Council.

There are many problems yet to be solved. No one person or group has the answers. The answers will be found as the representatives of clinical pastoral training and representatives of seminaries work, think and plan together in the spirit of the Master whom we love and whom we serve.

CHRISTIAN FAITH AND THE PSYCHOLOGICAL STUDY OF MAN

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I WANT to think with you about three areas in which our Christian attitude toward man needs much creative thought and exploration. During the past few years we have been bending every effort to understand the findings of psychiatry and to learn their bearing upon the task to which we have committed ourselves. Now we need to begin asking ourselves, "What does the Christian faith have to offer in this whole realm of man's mental health which is not open to psychiatry as a science?" If we have any real help to give, then certainly we ought to begin asking what it is. I remember one of the things which was most profitable to us during our summer in clinical training many years ago was learning to recognize that point beyond which we could not go as ministers, that point where the aid of a professional psychiatrist was needed. In other words, the summer helped us to understand where our professional incompetence lay. I think we need now to be asking ourselves not only where our incompetence lies, but where our competence is. If the Christian faith has anything to offer in the whole field of mental health, we ought to discover what it is and find ways and means of making it available to human life. I see no reason at all why the experiences of theological students in hospitals could not provide an excellent setting for such an inquiry.

The first thing that I would like to say is in the nature of a general truth which underlies Christian faith's approach to man. This truth grows out of the Christian's belief in creation and is simply the affirmation that man is to be understood as a creature who comes into existence only in response to the creative activity of God. He is not to be understood as an emergent within a self-contained order of nature. He has his being only in response to a purposive act of God. This means that man is unique from all other creatures and that his uniqueness is related to the purpose within which God has created him.

One central implication of this faith is that man is to be understood only as a totality, never only as a collection of so many parts. He comes into being as a new creation, not to be reduced simply to that which has gone before.

Condensed from an address delivered to the Silver Anniversary Conference of Clinical Pastoral Training, Chicago, October, 1950.

Apart from this conviction, one is always tempted to understand man as an aggregate, a collection rather than an integral self. Ancient Greece thought of man as one part mind. This part was the divine part by which man was related to God. But man was also part appetite, and in this he was earthbound, partaker of the world of nature and of matter. Many modern philosophers like Tennant in England, seeking to accommodate themselves to the truth of the evolutionary theory, have argued that man inherits from the animals the impulses and instincts which mark their animal existence. On top of that, however, there has emerged in man—and this is the unique thing about him—mind, by which the instincts and the impulses can be brought under control. But Christian faith, if I understand it correctly, has looked askance at all such attempts to understand man as simply a combination of parts. Reinhold Niebuhr, in *The Nature And Destiny of Man*, has argued forcibly that any attempts to understand man in this fashion is only to misunderstand him. Man is a whole, a self, and both his mind and his impulses are related to that totality. For example, there are no sheer animal impulses in man. Man's impulses are decidedly different from the animals' and they derive this difference by virtue of man's higher nature. The sexual impulse in man is not just animal sexuality. It is freed from periodicity and becomes part of man's total self. As such it can make the higher reaches of love possible. It can become one means by which two persons enter into a fellowship unknown to the animals, and yet at the same time, and for exactly the same reason, it can make lust and perversion, also unknown to the animal, possible. So with the animal instinct for self preservation, this too in man becomes related to his total health. As such, it makes possible the human devotion to duty and concern for other persons, but as such, also, it makes possible pride and arrogance, cruelty and prejudice. It is false to think of man as simply a belated emergence in a revolutionary process which automatically guarantees that he will go in the right direction if only he has enough time. As a matter of fact, the coming of man is a vast experiment. For he is a being who at one and the same time has within himself possibilities of heights which the animals never know, but also the possibilities of depths to which animals never stoop.

Now, from the point of view of our Christian faith all of this means that God runs a tremendous risk with the creation of man. God does this knowingly and purposefully. But He is under no illusions that the outcome is anything that can be taken for granted. So God Himself becomes active in seeking to do that which will win men, who has it within his power to turn against God, unto Himself. It is a mistake to think too optimistically about the future as though everything is bound to come out all right. The risk is real, and man has always been one generation removed from hell, as he is from heaven. In other words, man is forever called to enter into his own destiny, to make the decision, to say the yes, by which he will cast himself into fellowship with God, the end for which he was created.

Now this is a rather abstract statement, though it is not without its very

practical implications. Nonetheless, it is a background for two other things I want to say which have more practical implications for our purpose.

The first of these grows out of the basic assumption of Christian faith that man is so made that he finds life's highest fulfillment only in and through a relationship which he sustains with God. Man is made for relationship with God. One can put this in another way by saying that Christian faith affirms that man cannot understand himself unless he understands himself as one who exists before God and in God's presence. And, to put it still another way, our Christian faith affirms that man needs something, for his life to be whole, that can come from a relationship with God that he can get in no other way. Let us ask what this may mean.

When you think of man's personal needs it is not at all difficult to draw up a long list of things from which he needs release. Man's individual personal needs are legion. He has a problem of inferiority which may result from myriad causes. It may result from being a member of a race that has been forced into a subordinate position. It may be the result of not being wanted by one's parents. It may result from a physical defect which has made one the butt of others' jests and jibes. It may result from hundreds of specific and concrete reasons and be a deep need from which man needs some release.

Man has a problem of fear. It may be a phobia of one kind or another that arises out of the hidden depths of the subconscious, as a result of some distorting experience in early childhood. It may be a fear of death or of cancer or of epilepsy or of insanity. Man has a problem of fear which he needs to meet. Man has a problem of worry and of anxiety arising principally from uncertainty. A man is suddenly forced to give up his job. He is uncertain as to how he can go on. A woman faces a responsibility and is uncertain how to measure up to it. A student comes up to an examination upon which his whole future may depend and is fearful lest he fail. Millions in a war-torn world wander homeless and anxious about food, shelter and security. Man has a problem of anxiety and from this he needs release. So we could go on and on with specific instances of needs which lie on every side.

At first sight it would seem as though man's problem simply consists in this series of frustrating events by which his life is warped. Each one of them can be isolated and placed in a separate compartment, there to be taken care of. And it would look as though the way by which life might be redeemed would be simply to control the experiences by which the self is surrounded that instead of frustration he might find fulfillment, instead of insecurity he might find security, instead of being repressed he might be expressed. We have been tempted to believe that if only we could create a perfect environment, that is, an environment free from frustration, the person would take care of himself. What more is there to be needed?

What more is needed becomes obvious when we look deeper at man and

recognize that all of the external situations which he confronts are not problems in and of themselves. They are problems only because of something that man himself brings to them. For example, the same situations are not problems to animals the same way that they are to men. They are problems to man only because man brings to them a basic and underlying anxiety for himself. He is a self-conscious being, aware of his own life and of the world around him. Just here is the crux of man's problem when it is taken at its deepest. It is that man brings into life a basic anxiety for self *and it is this which makes life a problem*. Ants do not have psychiatrists, not because they are never frustrated but because they are not capable of recognizing themselves as distinct, individual selves whom frustration threatens. Cows don't suffer from inferiority complexes.

The fact is that man, as man, not only has problems but he is a problem. His being man opens up problems which the animals never know. This fact has been recognized in many religious philosophies. Taoism, for example, quite correctly recognizes that man's problem begins exactly at the point where the great, underlying, impersonal Tao becomes individualized in terms of persons. This is but another way of saying that a terrific problem arises just so soon as man comes along. Because, with his coming, those situations which do not become causes for psychic maladjustment in the animals do become causes for maladjustments in men.

Now, Christian faith also recognizes this underlying anxiety for self but it offers another way out. It is perfectly obvious that if there is such a basic anxiety on the part of the self as a whole, the self by itself cannot relieve it. In other words, everything which the self does by its own power and its own strength to relieve it, becomes but one more expression of its actual presence. That is why everyone who saves his life will lose it. The very attempt to save one's life is but an expression of the underlying anxiety by which life is lost. Christian faith says that this underlying anxiety can be dealt with only when man becomes related to something beyond himself. He must put something other than himself and his own littleness at the center of his concern and get beyond preoccupation with the self. That is his deepest need and it is met by a relationship to God.

One is tempted at this point to digress a bit on the subject of peace of mind. Pressed by the uncertainty of our contemporary world, people are finding themselves distracted and distraught and they reach out for some measure of peace from anyone who can offer it. But from a Christian point of view one suspects that the effort will many times turn back upon itself, for peace of mind is, like so many other things, a by-product. It is interesting to go through the Bible with peace of mind as your subject. Did Amos have it? Did Jeremiah? Did Isaiah? Did Paul? Did Jesus? Well, in a strange way they did and yet, by our own contemporary measure, they did not. Most moderns would say, "If that's peace of mind, I'll have none of it." The fact is that their peace came because they had given themselves away to God. Their anxiety for self was no longer their first concern. So they had

peace—though no one ever faced more frustration, misunderstanding, or persecution than they.

Now this is a very concrete and practical suggestion. It is one that has been tested out in the crucible of human experience for many generations. It is one, I dare say, that has been tested by many of us also in the concrete events of everyday life. But it needs to be lifted up into a position of conscious concern for exploration and experimentation. It represents one of the contributions which we should be making in this whole area of the abundant life. And perhaps in the experience of theological students working in our hospitals, a wonderful opportunity may be found where its truth may be tried out experimentally. The total self needs release, not just a part of it. And Christian faith offers such release.

A second area which I should like to mention as needing our most creative concern has to do with the whole area of individual and personal responsibility. Here again, we are dealing with man in his totality. Christian faith affirms that man as a totality is related to the eternal God. By virtue of this relationship, he is made responsible, that is, able to make some response to the God who has created him. In order for this sense of responsibility to be nourished and maintained, Christian faith has firmly believed in the freedom of man. He is not a determined object. He is a free subject who at every point participates in his own destiny and is not simply the product of forces beyond his control.

During the past few years, during which we have been seeking to understand and to approach man scientifically, this area of his responsibility has almost inevitably disappeared. Responsibility is always the part of a free subject, and all we have arrived at by a scientific study of man has been a determined object. For example, when we study man scientifically and ask, "Why does he do what he does?" the only things with which we can deal are the specific events or factors in the individual's former life which can be related to his present behaviour in terms of causation. When we seek to explain his present behaviour, we look for an explanation which, in the last analysis, leaves the individual as a free subject out of consideration. The result is, inevitably, a bias for determinism. Now none of us likes particularly to fling out a banner of determinism because we honestly recognize that any form of determinism undermines even its own claim to truth. Nonetheless, we are greatly tempted to explain ourselves and one another in ways which leave ourselves, as selves, out of account.

Whenever it is suggested that something is done because that is what the self wants to do, wills to do, it is countered that that is really no reason at all. Why does the self will to do it? It is always implied that the motive lies deep in some subterranean area, hidden behind the self, and that if we really knew the motive we would see through the pretense of this self-autonomy. The self, as self, is left out of account.

I have often pondered this fact as it relates to one of the unfortunate

conflicts that has arisen in the religious life during the past twenty years around the subject of conversion. At its heart, this conflict is the very one that we are talking about. The old emphasis upon conversion—whatever else we may say about it—took the individual self seriously. It said that there must come a time when the self made its decision and entered into its own destiny. No matter how carefully the child had been surrounded by good religious education and upbringing, no external manipulation of the environment could produce a Christian man apart from his own decision. This is to recognize that there is a self which is a totality, which bears responsibility, and cannot reduce that responsibility by seeking refuge in some external causation. I am not suggesting that one cannot go too far in this way, and blind oneself to the importance of external factors. That must not happen. Yet it is just as serious to go so far the other way that we lose sight of the individual person.

This whole problem comes to a particular focus in relation to the whole problem of guilt. An individual does something which is considered wrong, and we ask, "Why did he do it?" We begin looking for causative factors which we can put our fingers on. The answer is usually sought in terms of experiences that have happened in the formative years of life by which an individual's life has been distorted. He is the product of a broken family, he is working out some repressed complex, he is expressing his aggressiveness which has not found any more normal outlet, and so on.

Now one would not want to be misunderstood at this point and run the risk of being thought opposed to all attempts to better the circumstances under which children live their growing lives. That is not the case. Obviously, however, it is also not the case that these situations are the final determinants of life. Children from the most unfavorable backgrounds not only can, but often do, become persons of outstanding integrity and leadership. There is therefore an area of freedom of responsibility within human life where we can and do enter into our own destiny. And no reduction of the self to something else can overlook this fact.

Now if this really be believed, the whole problem of guilt must be taken seriously. It is not enough to dismiss guilt as a factor which complicates the emotional life and therefore must be done away with. It is only because we have lost sight of the responsible individual that we have been tempted to moderate the problem of guilt. Because we have put our emphasis upon those external situations by which man is molded, we have minimized the share of responsibility which he must carry for his misdeeds. The only reason he did them was because he was determined to do them by unforeseen circumstances.

Now in this whole area one treads with a great deal of caution. I mention it not so much because of any light which I can throw on it but simply because it represents an area where we must do a great deal of thinking and searching. It is perfectly clear that the problem of guilt

represents a very real problem from the point of view of the psychiatrist and of mental health in general. One of the most commonly recurring factors in mental disease is the guilt by which one has been thrown into an emotional whirlpool. Obviously, people who operate under a compulsive sense of guilt need to find release.

On the other hand, it is just as clear that one cannot solve the problem by simply getting rid of the sense of guilt itself. It might be argued that there would be fewer psychotic and neurotic people if there were no sense of guilt at all; but one hardly allows that to be a determining factor. In the same way, one could argue that there would be fewer psychotics if there were no selfhood. But you cannot solve the problem either by getting rid of the self or of guilt. Actually, what the world needs desperately today is not less feeling of guilt but more of a certain kind: more felt responsibility, more awareness of our own involvements, more willingness to stand against the norm and be abnormal. In other words, while the individual needs to find release for his sense of guilt, he needs to find that release in such fashion that he does not lose his sense of moral responsibility. That cannot be successfully achieved simply by telling him to forget his guilt, or by educating him to recognize that many beside himself are involved in his misdemeanors, or by leading him to think anyone concerned about the problem is only unenlightened and behind the times. That way lies no peace. Man must continue to take his own involvement and responsibility seriously and yet find release.

It seems to me that Christian faith speaks directly to this need. For it talks in terms of the forgiveness of God as something that is utterly real and yet as something that does not overlook the seriousness of sin. The forgiveness of God in Christian faith is a personal forgiveness. It is not something that can be impersonalized and covered by the phrase "God is love," as though we could always just count on His forgiveness. That would be to lose sight of the actual responsibility which is man's. You cannot count on God's forgiveness, any more than you can count on the forgiveness of another man when you have wronged him. Personal forgiveness on the human level is something which we receive, if we receive it at all, only because another acts to forgive us, and the act of being forgiven is always the act by which we become even more aware of our own wrong. This is true in our human experience and Christian faith says that it is also true in our relationship to God. If we truly find His forgiveness, then it is not because we have been convinced that what we have done is something we need not really worry about, but only because we have seen it absorbed and overcome by His greater love. Guilt can be cleansed, but not overlooked.

Here then is the second great truth that is implicit in our Christian faith, a truth that is directly related to the specific and concrete needs with which we deal in personal counseling. But we have not sought to lay hold of it as a source of power. We have been too content to watch others deal with the problems in other ways. Here again, the experiences afforded through

the Council for Clinical Training provide an unparalleled opportunity to work out in the crucible of human experience the value and validity of such a truth.

These are only two of many matters which are of concern in our Christian faith and which have a direct bearing upon the problems with which this Council is concerned. I have mentioned them not so much to suggest an answer as to suggest areas of inquiry and exploration. We need to ask ourselves what bearing our Christian faith has on these matters and then explore ways by which it may become related to the needs of men. Christian faith sees man as a whole, with needs as a whole, with problems as a whole, with responsibilities as a whole. It sees man in relationship to God both for the sake of God's kingdom and for the sake of man himself. Whatever it has to contribute should be brought out into the open where it can be explored and used. To that end this Council may be able to make a significant contribution.

A DEAN LOOKS AT CLINICAL TRAINING

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THERE are a number of obvious things which may be said by way of praise of clinical pastoral training; and I imagine that such laudatory remarks can well be left to others and that much has been presented already along that line in previous papers.

Coming to mind immediately are the positive contributions of clinical pastoral training in enabling the minister to achieve a basic orientation toward his role as pastor and deeper understanding of the skills needed in helping people with their problems. Perhaps the "orientation" is more important for the minister than the mere acquisition of techniques and methods.

In negative terms, the program of clinical pastoral training has put obstacles in the way of the bumbling and fumbling efforts of the ignorant clergy whose endeavors, as sincere as they may be, have so often led to tragic consequences. Too frequently we have merited the scornful words of Jesus, "Blind guides!"

To no small degree have our failures been due to a stereotyped approach. On the basis of three major religious alignments it has been said that if a person in trouble goes to a Roman Catholic priest he will be asked to make a confession and have a Mass said for him; if he goes to a Protestant minister he will have to listen to a moral preachment and then will be asked to kneel and pray; if he goes to an Episcopal parson he will be loaned a book and told to go away and read it. I am sure that all of us can take satisfaction that the subjects of these caricatures are on the way out, even though they have not entirely disappeared.

All this is fairly familiar to us and needs no extended comment from me. I prefer to speak about the contributions which clinical pastoral training make to our ministry as a whole and which, I think, are not so readily or widely recognized.

First, is a contribution to the minister in his role as religious or spiritual leader for his congregation. It need not be labored in a group of this

sort that moral and spiritual maturity is possible only to healthy individuals, nor that there is a close connection between emotional and physical health.

It is true occasionally, but only rarely, that individuals can conquer a situation of extreme poverty or of extreme physical brutality (as in concentration camps) and emerge victoriously from their enviroing circumstances as an artistic, moral, or religious genius. So also is it only in a few instances that a choice soul may overcome the handicaps of poor physical health or psychological maladjustment. But for every one who succeeds there are tens of thousands who fail.

This is to say that by helping individuals achieve some measure of self-understanding which may lead to the resolution of intrapersonal conflicts, we are undergirding the religious life of our congregation. Clinical pastoral training assists in making more effective the religious structure of people's lives.

Conversely, just as we who are Christian ministers are concerned with the destructive elements in our political and economic environment because it is the total well-being of man which is the object of God's redemption so also must we be concerned with the socio-cultural atmosphere of our time. An understanding of the inner dynamics of human personality and the socio-psychological factors operative in the creation of human personality becomes a necessity for the minister. In this area we may become engaged in preventive work rather than restricting our efforts to picking up and patching up the victims of contemporary social conflicts.

We do understand, I hope, that the profane, that is secular, character of our present society is traceable in no small part to factors which tend to alienate man from himself and accordingly man from man and man from God.

A second aspect of the minister's work is teaching and preaching. Clinical pastoral training makes us debtors here also.

We are learning to direct our efforts in this area of our ministry to the psychological needs, developmental levels, and real capacities of individual human beings. This is primary; otherwise there is no communication. Too often has our preaching been meaningless and irrelevant to the needs of the parishioner.

With some insight along this line we may be helped to avoid the authoritarian presentation of so-called facts without any reference whatsoever to the individuals addressed. It is possible, moreover, that we may escape the semantic confusion involved in thinking of and speaking to false abstractions such as souls, minds, Man, human nature, the heathen, the faithful, and so forth; none of which have any extensional reality.

From such a viewpoint we can then focus our attention on the unique attitudes and behavior of individuals. And these individuals are not to be

regarded as particularized instances of a generalized humanity. We may think of them as functioning pneumo-psycho-somatic organisms, "wholes-in-process," rather than aggregates of metaphysical attributes, or atomistically conceived "faculties," or abstract philosophical entities. These mistaken notions of the individual are in every case sub-personal concepts—useful for speculative thought in a limited degree but definitely harmful for the practical task of preaching and teaching.

A year or so ago I asked one of the students at my seminary what was the most important thing he learned during his summer of clinical training. He replied, "I am to minister to John Jones and Mary Brown and not to congregations."

My third point will have to be approached indirectly. All who are in the parish ministry appreciate that some of the difficulties and frustrations in our work arise from the projection on the minister or groups within the congregation of the inner tensions of a few individual members of the group. In the same way the inertia and hostility of the flock may be partly a reflection of our own personal problems. Thus it is possible for clinical pastoral training to assist greatly in enhancing the effectiveness and efficiency of the clergyman by helping him in his own personal development—intellectual, emotional, moral, and spiritual.

Let me offer two examples from a broad field. I have long contended that an integrated view, personal assimilation, and appreciation of the *content* of the traditional theological disciplines are at least catalysed by, if not dependent on, a psychiatric or psychological orientation.

The significance of such time-honored doctrines as *sin, grace, the love of God, love for one's neighbor*, appears to me slight apart from our contemporary understanding of human experience. Again, what is the possibility of understanding deeply the religious ideas of Paul, Augustine, Thomas Aquinas, Luther, Kierkegaard, Newman, Santayana, Dewey, or Reinhold Niebuhr apart from the psycho-sociological context of their thought? Or, what is the meaning *in vacuo* to us, or to others, of the Biblical accounts of Saul, David, and Solomon? Of the Psalms? Of Job and Jeremiah? Of the Sermon on the Mount and the Epistle to the Romans?

Although the theological insights of the minister may appear at first sight far removed from the concerns of clinical pastoral training, it is my conviction that there are real and important connections.

My second example is drawn from the all-too-frequently observed authoritarian attitude of ministers toward the members of our congregation. "Sacerdotalism" is not the exclusive prerogative of those who hold a priestly concept of the ministry. In fact there is more than a hint of the "demonic" in the attitude and behavior of college professors, of psychiatrists, and, yes, of seminary deans. All of us seem to be engaged in an unseemly scramble for the chief seats in the synagogue. We tend to be

directors rather than conductors—that is, able to go along in a responsible way *with* our people.

From the experience of clinical pastoral training we may win some self-knowledge which would be conducive to the appropriate humility for those who call themselves ministers, i.e., servants.

I have tried to express my conviction that there are latent in clinical pastoral training contributions to the total job of the minister and to the minister as a whole man. Such possibilities are not directly related to the pastoral function but come out of an evaluation of clinical training in its broader aspects. Admittedly they are not always nor ever completely realized. Nevertheless, trying to look at the picture in the large may help those responsible for clinical training in achieving a de-emphasis on two somewhat less satisfactory features of the program as it has operated at times in the past.

First, it has appeared to some of us that there has been on the part of a few directors an excessive pre-occupation with the therapeutic aspect of the program for the individual student. This element cannot be ignored, of course. But there is always the possibility of malpractice with the concomitant release of self-destructive influences. To put it bluntly, seminary administrators believe that clinical pastoral training should be primarily training and not a ten weeks period of partial hospitalization! This point is not to be construed as a moral indictment because we know that program directors are human beings also and can fall into the same trap as social workers, ministers, and parents—the unconscious effort to resolve one's own problems through other people.

Secondly, of necessity the training experience is mostly with dependent people—the sick (physically and mentally), the imprisoned, and the very poor. There is apparent here a radical discontinuity between the clinical training experience and the average congregation. In other words, there is a problem of carry-over. To this question we have not seriously addressed ourselves and have been content to operate on the assumption, and it is only an assumption, that intensive study of the abnormal is the key to understanding of the normal. The fallacy of this undisputed tenet of psychology has been demonstrated in the field of somatic medicine.

I would not ignore the fact that among the more or less self-reliant members of an average congregation there are some who will “crack” and that there is usually a minority in any group who are exceedingly dependent people. However, the work of the minister is mainly with the relatively well and to help the sick to become self-reliant, or as a Christian would say, God-reliant.

It is my belief that I am expressing the opinion of many of my colleagues who are seminary administrators as well as those thousands who are in the pastoral ministry when I assert confidently that during the next

twenty-five years the Council for Clinical Training will make great advances all along the line. We can expect increasing improvement in the details of the program, in techniques and methods, and in sharper definition of goals. We can anticipate an ever increasing number of theological students and of those already in the ministry to participate in the training program. And we look forward with certainty to a continuing enlargement of the area of service on behalf of all the religious bodies in this country.

THE SPECIAL ROLE OF THE CLERGY

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LESS than a generation ago it might have seemed odd for a psychiatrist to feel at home with a group of clergymen but prejudice and misunderstanding between the two groups have markedly diminished and Dr. Boisen and his associates in Clinical Pastoral Training have had much to do with this desirable rapprochement. Psychiatrists have recognized that conflicts over values are an important aspect of mental illness and one cannot deal with values without an understanding of historical and present-day religious teaching and the part they play in the development of the individual. This group of clergymen, no less than the psychiatrist, recognizes to a degree, perhaps more than any other group, the social and individual implications of the misunderstanding and misinterpretation and the conflicts found in much of the teaching concerning the "good life."

In our efforts to get our patients well, no less than in our preventive work, we are faced daily with these conflicts. We are in a unique position to study what men really live by and what they think they ought to live by and the vast discrepancy between them. In addition, there are the deep contradictions in what they think they ought to be and these contradictions are not only between the secular and religious codes but are found within the codes themselves. I need not give examples to this group; we constantly see people trying to face east and west at the same time. You are as familiar with them as I am. Our patients are the living examples of failure to cope with these contradictions to their own and society's satisfaction. At no other time in history has there been more confusion in values and the result is seen not only in the emotional and somatic illness of the individual but in the warring ideologies throughout the world.

There is no place to discuss the numerous causes and historical factors assigned as reasons for this confusion. But we who deal with these emotionally disturbed people who seek help have a unique opportunity to see the effects of these conflicts and to unearth some of the conflicting social factors. Although psychiatrists, especially the analytically trained ones, have been accustomed to seek the causes of their patients' conflicts in their past personal relationships, the phantasies associated with the conflicts and guilt related to the values which had been inculcated, some have been less prone to emphasize the conflicting social values which have

prevented or perverted development, or brought about illness. The most obvious example is the prestige and importance given to economic success in a highly competitive society on the one hand and to generosity, honesty, helpfulness, "doing good," and being a good citizen on the other. The culture's demand for aggression is contradicted by religious and ethical teaching. In the teaching and training of children and in work with adults, we know that only through love and understanding can there be any real acceptance of frustration and resolution of difficulties—but how much of behavior is based on fear, and how often the fear is so deeply hidden that stomach ulcers or other somatic illnesses result. Then he gets help if he is fortunate. But how about prevention, how about the society that makes situations almost inevitable for many?

I recognize that all of this is familiar to you but sometimes a re-statement helps to establish some necessary next steps. It occurs to me that it would be useful if each time we see a clear-cut conflict in social and religious values or between them, we list it with its origin in the person's early or present milieu, and the solution arrived at. I wonder whether such compilation could not be used as an orientation in the problems of practical religious teaching and clinical pastoral service? It could bring into awareness what we all vaguely know and take into account far too little, not only in dealing with the sick but in bringing up children and in discussion with the more or less well. It could also be the foundation for social research and a basis for re-examination of many values ordinarily taken for granted. The sociologist and anthropologist as a rule observe behavior and interactions and allow their observations to speak for themselves. The psychiatrist in his office sees behavior symptoms as an attempt at adjustment which has failed. It is within the experience of the clergyman to study behavior in terms of values that have been confusing and resulted in emotional disturbances and delinquency.

This is of course only one approach to the problems of man's behavior in our time, but it is one that will bring people together instead of separating them, for differences in value are one of the important factors in the fragmentation of any group.

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EDITORIAL

The Goals of Clinical Pastoral Training Reappraised

PUBLICATION in this issue of the Twenty-Fifth Anniversary papers on the Clinical Pastoral Training movement provides a good opportunity to raise some pressing questions. There may be no clear-cut answers at the moment, but in facing them we may at least hasten the eventual solution of problems which deeply concern many of us in this field of theological education.

It is becoming increasingly more clear that what we call clinical pastoral training falls short of its objective in preparing men for a parish ministry. This does not mean that what is being done under that name has no merit. On the contrary, one has but to look at the almost phenomenal developments of the past twenty-five years to see the positive gains to theological education. As a result of nearly a decade of continuous experience as a chaplain-supervisor, the writer would not underestimate its significance. But what is needed is some clarification as to what is really being done under the title of clinical pastoral training.

Many seminary faculty members or clergymen, when they first hear of clinical pastoral training, often say that they do not want to encourage students to become experts in an *institutional* ministry. Chaplain-supervisors hearing this have been all too prone to dismiss it as being a misunderstanding of what clinical pastoral training "really is." Perhaps it is a deeper insight into what we are doing than we have permitted ourselves to see, and one from which we have much to gain if we examine it carefully.

Clinical training in hospitals or prisons is not preparing men for the parish ministry in quite the way we like to believe it should. If it is really giving what it can offer, it provides the students with a first-hand experience, *under supervision*, in working with people. In doing this, it helps the students see how to make available the resources of religion, its faith and practice, to people in crisis-situations. Here the student can gain a wealth

of information as to what people are like in their interpersonal relations, and how his contribution as a religious worker can be meaningful and helpful to them in just such experiences. But this is not *parish* training—it is hospital training! It can and does provide the student with an opportunity to become aware of how he approaches people, what his real attitude toward people is and what role he performs for them, but it is oriented to a type of interpersonal experience that only a few parishioners ever have to undergo. Such training can and does provide an invaluable orientation to any work with people. It enables the student, as can nothing else, to see people as people, and to see how they handle their difficulties in living. But it is a concentrated experience in the laboratory of interpersonal *problems*. It must not stop there—as it almost invariably does at the present time.

What is needed now more than anything else in a man's preparation for the ministry is the application of the insights offered us as a result of Dr. Boisen's work, tested and developed through the experience of hospital and prisons chaplains, to *actual parish situations*. We need now to begin planning so that seminarians can obtain clinical pastoral training in *parishes*, under supervision, even as is now being increasingly provided for in hospitals and prisons.

There will be objections to this suggestion. Probably the most strenuous will be that it implies the extension of the length of time needed to prepare a seminarian for his ministry. But we cannot permit this to be our main concern, pressing a problem as it is. The Church and the people the Church seeks to serve need the clergy, but they need clergy sensitized to and able to deal with the problems people have in living. Far better to have fewer and more adequately trained clergy than to risk what our Lord so graphically warns of: "the blind leading the blind and *both* falling into the ditch."

One could easily envisage the clinical year of which Dr. Cabot and Dr. Boisen have so eloquently written meeting our need today in some such manner as follows. First, the student would be given three months' training in a mental hospital. This would provide him with a good grounding in the religious implications of the pathology of interpersonal relations, but it could also be the beginning of a solid foundation toward understanding the development of personality function. Following this, there would come a three months' period in a general hospital. This would make for the consolidation of the earlier insights and the gradual working into more normal areas of pastoral experience as the student functions as an integral part of the Church's ministry to the physically ill. Then would come six months of continuous parish experience under the supervision of a minister who himself has been trained to help the students understand what is being done, or attempted, and something of its meaning, for the people whom the Church seeks to serve. It is just this kind of training which could provide what is now lacking in our clinical pastoral training: an opportunity to examine and use all the various pastoral resources of the Church

in just such situations as the student is seeking to prepare himself.

There is of course much here which needs considerable exploration and elaboration. It is hoped that it will be possible in future issues of the JOURNAL to publish such material. At the moment only one further thought need be added. This additional year of seminary training (six months of which might easily be absorbed by the student taking the original two quarters of training during the usual summer vacation months) will make it much easier for a minister to be a *pastor* to his people. He will certainly then have had good grounding in pastoral experience, and have come a long way toward being able to handle some of the anxiety which often makes life so intolerable for the novice in pastoral problems. After such preparation, he would compare favorably with the medical intern who usually puts in eight or more years to complete his doctorate. Such training for a pastor might well earn him a doctor's degree—certainly out of it he would obtain abundant material for a doctoral thesis—because in a real sense he will have been prepared to be a physician of the soul.

E. E. B.